Lacking issues

NEWS RELEASE

1981-1
January 12, 1981

CARBON MONOXIDE LEVELS IN CIGARETTES

OTTAWA - Health and Welfare Minister Monique Bégin today released the results of a survey on the carbon monoxide delivered by 41 brands of cigarettes sold in Canada. The brands tested accounted for more than 80 per cent of the cigarettes purchased in Canada during 1979.

"I am concerned that cigarette smokers cannot readily inform themselves of the range of carbon monoxide levels in different brands," the Minister said, "and I have requested the Canadian Tobacco Manufacturers Council to take action to ensure that carbon monoxide levels are printed on cigarette packages."

High concentrations of carbon monoxide interfere with the blood's ability to carry oxygen. Long-term exposure to carbon monoxide has been linked to the development of coronary artery disease, atherosclerosis, chronic respiratory disease and fetal growth retardation.

Miss Bégin noted that there is a growing awareness in the health care field of smoking's potentially negative effects on the fetus, adding, "I strongly advise women not to smoke while pregnant and to stop smoking in advance of a planned pregnancy."

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The survey was carried out for the department by Labstat Incorporated of Kitchener, Ontario, using cigarettes purchased in June 1980. Tar and nicotine levels were also measured during the survey. Some 69 per cent of the tar measurements taken and 59 per cent of the nicotine measurements exceeded the values listed on the packages, although generally not by more than 1.5 mg of tar and 0.2 mg of nicotine.

The Minister noted that both the advertised tar and nicotine values and the carbon monoxide values in the attached table were based on measurements using standardized smoking machines. "The measurements provide a useful comparative guide for people who do not change their smoking habits when they change to milder brands," the Minister said. "The best change in smoking habits, of course, is to stop smoking completely."

- 30 -

Ref.: Jean Sattar

Tel.: (613) 996-0446

The survey was carried out for the department by Labstat Incorporated of Kitchener, Ontario, using cigarettes purchased in June 1980. Tar and nicotine levels were also measured during the survey. Some 69 per cent of the tar measurements taken and 59 per cent of the nicotine measurements exceeded the values listed on the packages, although generally not by more than 1.5 mg of tar and 0.4 mg of nicotine.

The Minister noted that both the advertised tar and nicotine values and the carbon monoxide values in the attached table were based on measurements using standardized smoking machines. The measurements provide a useful comparative guide for people who do not change their smoking habits when they change to milder brands, the Minister said. The best course in smoking habits, of course, is a strict smoking cessation.

Ref.: Jean Sarter

Tel.: (613) 996-0100

Average carbon monoxide content (in milligrams) per cigarette of a sample of cigarettes available in Canada during June of 1980 grouped by tar

Tar printed on package in milligrams per cigarette	Brand Name	Measured amount carbon monoxide in milligrams per cigarette
1	Viscount No. 1 Ultra Light KSFT	1
	Medallion Ultra Mild KSFT	1
	Craven "A" Ultra Light KSFT	1
4	Craven "A" Special Mild KSFT	4
	Matinée Extra Mild KSFT	4
5	Viscount KSFT	6
6*	Free KSFT	19
7	Peter Jackson Extra Light KSFT	7
8	Craven "A" Reg. FT	14
	Matinée Reg. FT	14
11	Gauloises Reg. FT	11
	Matinée KSFT	13
	Craven Menthol KSFT	15
	Belmont Milds KSFT	17
	Vantage KSFT	20
12	Export "A" Lights Reg. FT	13
	Craven "A" KSFT	13
	Rothmans Special Mild KSFT	17
	Export "A" Lights KSFT	17
13	du Maurier Special Mild KSFT	16
14	Players Light Reg. FT	16
	du Maurier Reg. FT	18
15	Belvedere Reg. FT	17
16	Macdonald Menthol KSFT	16
	Number 7 KSFT	18
	Rothmans KSFT	19
	No name Reg. FT	19
	Mark Ten Reg. FT	20
17	Players Reg. FT	17
	Export "A" Reg. FT	18
	du Maurier KSFT	21
	Mark Ten KSFT	21
	Cameo Menthol KSFT	22
18	Gitanes Reg. Plain	12
	Mark Ten KS Plain	14
	Players Reg. Plain	16
	Sportsman Reg. Plain	17
	Peter Jackson KSFT	24
19	Export Reg. Plain	17
	Export "A" KSFT	21

* Analysed value - manufacturer does not print tar value on package

Abbreviations Used: KS: King Size; FT: Filter Tip; Reg.: Regular Length; Plain: Plain Tip

NEWS RELEASE

1981-2
January 16, 1981

MORE SMOKERS BUTTING OUT

OTTAWA - Non-smokers now make up 60 per cent of the Canadian population 15 years of age and over, according to statistics released today by Health and Welfare Minister Monique Bégin to mark this year's National Non-Smoking Week, January 18 to 24.

A December 1979 survey shows only one in three Canadians to be a regular smoker. As with previous surveys, the number of regular smokers continues to decline -- almost two per cent since 1977 and nine per cent since 1965 when Health and Welfare Canada began to monitor Canadian smoking habits.

The most positive result of the survey shows a significant reduction (more than 10 per cent) in exposure of smokers to tar between 1977 and 1979. Compared to 1977, the tar content of cigarettes smoked in 1979 by males was over eight per cent lower and by females, 12 per cent lower. In 1977, 43 per cent of regular smokers preferred cigarettes with the highest tar and nicotine levels, while only 18 per cent did so in 1979.

...2

The survey results indicate that the cooperative promotion of non-smoking by volunteer organizations, federal and other governments is having a positive effect.

The statistics were contained in a new information item entitled "Health Promotion Facts". This one-page fact sheet is the first in a series of statistical releases on a variety of health promotion subject areas.

The complete survey report entitled "Smoking Habits of Canadians 1965-1979" will be available later this month and contains results from previous surveys, with particular emphasis on the latest survey conducted in December 1979.

- 30 -

Ref.: Carole Peacock

Tel.: (613) 995-8465

NEWS RELEASE

1981-13
12 February 1981

FEDERAL FUNDS FOR SOCIAL RESEARCH INSTITUTE IN MANITOBA

WINNIPEG - Employment and Immigration Minister Lloyd Axworthy today announced on behalf of Health and Welfare Minister Monique Bégin the approval of federal funding to assist in the establishment of the Institute for Social and Economic Research at the University of Manitoba. The funding will begin this year with an initial grant of $150,000. The grant could reach a total of approximately $900,000 over the next five years.

The Institute for Social and Economic Research will encourage a wide range of social research and policy studies of interest to all levels of government as well as the private sector.

One particular area of interest will be the data gathered through the federally-funded Mincome Manitoba guaranteed annual income experiment. This project, conducted from 1974 to 1979, produced a database unique in Canada. It offers potential not only for economic analysis but also for policy-oriented studies such as the design and cost of social assistance programs, relationships between federal and provincial programs and issues related to work incentives.

The establishment of the institute brings into being in Western Canada a new facility for future social and economic studies. The University of Manitoba will provide a well-established academic environment to attract and retain the highly-qualified professional social scientists and research support staff necessary to conduct the intended research.

- 30 -

Ref.: Carole Peacock
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NEWS RELEASE

1981-51
26 May 1981

WORLD HEALTH ORGANIZATION FELLOWSHIPS

OTTAWA - The Department of National Health and Welfare, today announced details of the annual World Health Organization (WHO), competition for fellowships for Canadian citizens wishing to study abroad for two or three months.

All health personnel in medical, paramedical and health related fields, including dentistry and dental auxiliaries, veterinary medicine and veterinary assistants, engineering and sanitary science, nutritionists, laboratory technologists, law, rehabilitation as well as administrators and teachers in all of these fields are eligible to apply; those engaged in pure research, undergraduate and graduate university students are not.

Applicants for WHO fellowships will be rated by a Canadian selection committee on the basis of education, experience, field of activity, proposed area of study and the intended use of their newly-acquired knowledge.

The final decision for the award of a fellowship, as well as the proposed areas of study, rests with WHO.

Applications should be submitted before August 31, 1981. Application forms can be obtained by writing to:

WHO Fellowships
Intergovernmental and International Affairs Branch
Department of National Health and Welfare
Brooke Claxton Building
Tunney's Pasture
Ottawa, Ontario
K1A OK9

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Ref.: Carole Peacock
Tel.: (613) 995-8465

NEWS RELEASE

1981-60
15 June 1981

WELFARE FELLOWSHIPS AWARDED FOR 1981-82

OTTAWA - Health and Welfare Minister Monique Bégin today announced the awarding of National Welfare Fellowships to 15 Canadians.

The fellowships, granted through the National Welfare Grants program of the Department of National Health and Welfare, are intended to help develop and increase personnel resources in teaching, research, policy planning and administration in the Canadian social welfare field. They are valued at $10,000 each plus tuition and travel expenses and dependents' allowance.

A list of successful candidates follows.

Name	Hometown	University of Affiliation
Mona Acker	Calgary	Case Western Reserve, Ohio
Néré St-Armand	Moncton, N.B.	Ecole des Hautes Etudes, Paris
Doris Baker	Woodstock, Ont.	Toronto
Garry Bell	Calgary	Calgary
Ralph Brown	Hamilton	U.C.L.A.
Joan Harbison	Cambridge, Ont.	Toronto
Dennis Haubrich	Toronto	Toronto
Beatrice Mah	Edmonton	Harvard
Duncan Matheson	Ottawa	Toronto
Janet Mays	Windsor	Toronto
Barbara Nease	Windsor	Toronto
Sally Palmes	London	Toronto
Frank Tester	Calgary	Waikato, New Zealand
Anna Welbourn	Toronto	Toronto
Doreen Winkler	Toronto	Toronto

- 30 -

Ref.: Carole Peacock
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NEWS RELEASE

1981-101
10 September 1981

NATIONAL WELFARE GRANTS FOR ONTARIO AGENCIES

OTTAWA - Two social welfare agencies located in Toronto will receive National Welfare Grants, Health and Welfare Minister Monique Bégin announced today.

The Children's Aid Society of Metropolitan Toronto will receive $41,832 and a grant of $27,150 has been awarded to the Ontario Welfare Council.

The Children's Aid Society will assess the effectiveness of a staff training model in child welfare designed to prevent worker "burnout" and consequent high staff turnover. The cost effectiveness of this program compared to the regular method of training new workers will also be studied.

The Ontario Welfare Council, in conjunction with up to five social planning councils, will test a model designed to set up a system of leadership training for voluntary organizations. Host councils will receive training which they will offer to community organizations which in turn will offer it to other community groups. The project will assess the workability of such a reciprocal system on the availability of trained personnel for voluntary organizations and on their ability to meet their stated goals.

- 30 -

Ref.: Carole Peacock
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Canada

Santé et Bien-être social Canada
Health and Welfare Canada

NEWS RELEASE

1981-134
7 December 1981

"ADOPTION: CHILDREN ARE WAITING" FILM DOCUMENTARY RELEASED

OTTAWA - Adopting older children and those with special needs can be a rewarding experience say parents interviewed in the film documentary officially released today by Health and Welfare Minister Monique Bégin.

"Adoption: Children are Waiting" was produced for Health and Welfare Canada and the social service departments of Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick, Nova Scotia, Prince Edward Island, Newfoundland and Yukon.

The 16 mm., 28 minute film is available to interested organizations and individuals through the offices of the National Film Board across Canada. A French language version is now in production.

One mother in the film says "A lot of people thought we were crazy...couldn't believe that anybody who has a sort of 'one boy, one girl' house in the suburbs -- this kind of thing -- would want to change that. And if you did, why in heaven's name pick a kid who was retarded?" Her husband also finds their adopted daughter a "loving, warm-hearted open kind of person...just a great kid". Adopting her has "made our family a better family".

...2

"There aren't babies around to adopt", a foster mother explains. "There are older children and older children have been somewhere. They come complete with memories and with hurts and with personalities. And to deal with that and to make that child a part of your family is a very difficult thing sometimes." She explains the stages that a child who has to leave his home goes through to regain his feelings of confidence and self-worth, including testing and challenging those caring for him.

The colour film by Westminster Films describes the experiences of three families who adopted children with special needs and a foster family who help to prepare children for adoption. One couple who originally thought about adopting a baby, adopted an older child. They say "We're going to do it again - for sure". Another family who already had several children, adopted a physically handicapped child and then five brothers and sisters who wanted to stay together. The third family adopted two children who are mentally retarded due to Down's Syndrome.

When child welfare officials are unable to find parents for children within their own province or territory, the Adoption Desk of Health and Welfare Canada in Ottawa will help to find homes elsewhere in Canada.

- 30 -

Ref.: Joan Eddis-Topolski
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Government Publications

NEWS RELEASE

1981-135
4 December 1981

1980 STATISTICS ON DRUG USE

OTTAWA - Health and Welfare Minister Monique Bégin today released the Department's annual statistics on the illegal use of mood-modifying drugs in Canada for 1980. The statistics are contained in the publication Drug Users and Convictions Statistics, 1980 prepared by the Bureau of Dangerous Drugs of the Department's Health Protection Branch.

The statistics reflect arrests and convictions under the Narcotic Control Act, Parts III and IV of the Food and Drugs Act and drug-related offences under the Criminal Code of Canada. In addition to presenting data for the calendar year 1980, the report includes updated statistics for the years 1976 to 1979.

Data for the tabulations are obtained from reports submitted to the Department by law enforcement agencies up to the end of June of the current year. Figures are also included on persons who have come to the attention of the Department for any reason related to non-medical drug use and on thefts of mood-modifying drugs from pharmacies, doctors' offices and other sources during the year.

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The statistics show that the diversion of narcotic and controlled drugs from legitimate medical and scientific channels to the illicit market continues to be a pressing problem. Convictions involving opiates and opiate-like drugs commonly used in treatment, such as hydromorphone, hydrocodone, oxycodone, morphine and pethidine, rose 33 per cent during the year, from 466 in 1979 to 619 in 1980. The diversion of drugs through theft continues to increase rising 23 per cent from 1243 in 1979 to 1531 in 1980. There has also been a sharp rise in armed robberies of pharmacies, up 145 per cent, from 74 in 1979 to 181 in 1980.

The marked upward trend in LSD convictions established in 1978 continued in 1980, with convictions increasing by 51 per cent, from 1175 in 1979 to a record 1776 in 1980. Similarly, convictions incolving cocaine continued to increase, up 22 per cent from 562 in 1979 to 687 in 1980. Cannabis convictions remained essentially stable during 1980, increasing 6 per cent, from 35,179 in 1979 to 37,438 in 1980. Convictions involving heroin declined 45 per cent during 1980, from 453 in 1979 to 248 in 1980.

Miss Bégin stressed that the statistics do not include all persons in Canada who might have used the drug concerned during 1980. "Furthermore", the Minister said, "the continued tendency for some individuals to use more than one drug makes it difficult to classify drug users by specific drug. The statistics nonetheless do provide useful information on trends in drug use and as such are of value in planning health programs."

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Miss Bégin stated that the statistics clearly indicate that the use of psychoactive drugs for non-medical purposes remains a health and social concern in Canada.

- 30 -

Ref.: Jean Sattar

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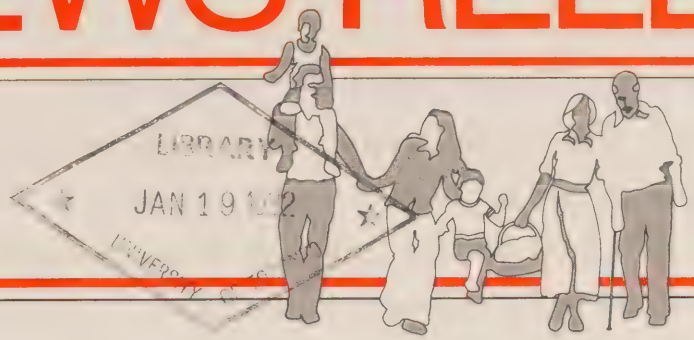
NEWS RELEASE



1981-143
14 December 1981

QUEBEC LABOUR GETS $126,296 TO FIGHT ALCOHOLISM

OTTAWA - A Quebec-based labour federation will receive $126,296 to combat alcoholism among workers, Health and Welfare Minister Monique Bégin announced today.

The Confédération des syndicats nationaux (CSN) recognizes alcoholism as "a major problem in the work place" and will use the funds from the federal Health Promotion Contribution Program for generating information and action on alcoholism.

Help for the problem drinker is often denied because alcoholism falls into a no man's land where it is not seen as a medical problem and is not covered by collective agreements. The CSN feels alcoholics should have the same legal rights and support as their co-workers with other illnesses. But usually the alcoholic is simply told to stop drinking or else lose his job. This approach often leads to a denial of the problem and a cover-up which may result in a worse health problem and accidents at work. The CSN believes the union should help rehabilitate the employee not only to improve performance on the job but to deal with the deeper malaise of which alcohol is a symptom.

...2

A CSN study showed that more than 300 grievances over the last few years were directly related to alcohol abuse. At present only 28 Quebec businesses are known to have a program to help employees with drinking problems and only six out of some 3,000 collective agreements recognize alcoholism as a sickness covered by the agreement.

The health promotion program will produce a videotape documentary and an accompanying discussion guide for use by its 22 member councils. Most of the 1,600 syndicates affiliated with the CSN and their 220,000 members are in the Province of Quebec although there are some locals in Ontario, New Brunswick and Newfoundland.

- 30 -

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NEWS RELEASE

1981-145
22 December 1981

UNWED MOTHERS IN NOVA SCOTIA COPING DESPITE PROBLEMS--STUDY

OTTAWA - A three-year study of unwed mothers in Nova Scotia has concluded that they are managing "quite well" as parents despite problems ranging from loneliness and depression to inadequate housing and low incomes.

A 325-page study report entitled "Vulnerable Mothers, Vulnerable Children" was released today by federal Health and Welfare Minister Monique Bégin and Nova Scotia Social Services Minister Edmund Morris.

Although the report recommends a number of improvements in services to unwed mothers, it concludes that only in a few cases is there "cause for great concern" about the mothers' ability to care for their children.

The study was conducted by the Nova Scotia Department of Social Services and funded by a $234,986 National Welfare grant from Health and Welfare Canada.

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During an 18-month period between 1978 and 1980, the report's author Susan MacDonnell and a research team followed the changing circumstances of 326 married and 346 never-married Nova Scotian women who had given birth to their first child.

"This study was undertaken to enable us to make responsible decisions regarding the services and assistance required by the unmarried mother and her child," Mr. Morris said.

Miss Bégin described the report as significant and added, "I am certain its findings will be examined carefully by public and private agencies across the country concerned about the well-being of unmarried mothers and their children."

The unmarried mothers randomly selected for the study were much younger than the married sample, had less education, job training and work experience, and were more likely to have come from broken homes.

At the study's conclusion, 40 per cent of the unmarried mothers had housing problems and one in three depended on public financial assistance as their major means of support.

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"Nearly every mother said she would advise a young single woman who was risking pregnancy to take precautions or think very carefully about what the consequences of pregnancy might be," the study reported.

Volunteer, private and public agencies all have a role to play in improving conditions for unwed mothers, according to the study's recommendations. Areas highlighted for attention included:

-- family life and sex education;

-- child care and parenting instruction;

-- housing needs and shelter allowances;

-- child care requirements, particularly for infants;

-- employment counselling and training allowances; and

-- single parent programs.

-30-

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NOTE: Copies of the report are available from the Nova Scotia Government Bookstore, 1597 Hollis Street, P.O. Box 637, Halifax, Nova Scotia B3J 2T3, telephone: (902) 424-7580.

NEWS RELEASE

1981-149
30 December 1981

THE VOCATIONAL REHABILITATION OF DISABLED PERSONS ACT HAS HELPED THOUSANDS OF CANADIANS SINCE DECEMBER 1961

OTTAWA-- Odds are that one out of every ten Canadians is disabled, if only temporarily, during their lifetime.

Thanks to federal-provincial cost-sharing rehabilitation programs, many have been able to obtain employment.

This month marks 20 years since the Vocational Rehabilitation of Disabled Persons Act (VRDP) took effect in December 1961.

"As the Year of the Disabled draws to a close, we can look back with pride not only to the projects which were undertaken during this year, but also to the assistance which was provided to rehabilitate thousands of Canadians over the past 20 years," Health and Welfare Minister Monique Bégin said today.

The contributions payable by the federal government represent 50 per cent of the cost incurred by the provinces and territories to provide vocational rehabilitation services for physically and mentally disabled persons. These include assessment, counselling and vocational training for disabled persons

...2

as well as individual costs of such things as artifical limbs, technical devices, and tools, equipment or special clothing needed to accept employment. The costs of transportation and maintenance allowances required by a disabled person while receiving these vocational rehabilitation services are also shared. Between December 1961 and March 1981 the federal share of such services was $222 million.

In 1979-80 for example, the federal government's share was $36.5 million towards services for more than 111,350 people. As part of that expenditure under the VRDP Agreements the federal government contributed toward the salaries of some 520 provincial employees in vocational rehabilitation programs, the staff of approximately 220 vocational rehabilitation workshops, and twenty provincial voluntary agencies, as well as some 1,270 employees who worked in rehabilitation programs for alcoholics and drug addicts, and some 200 employees in mental health programs. More than $10 million of federal-provincial funds were expended for training, maintenance allowances, prosthetics, or technical aids needed by disabled persons in order to undertake substantially gainful employment.

Among those helped under the VRDP program are persons with physical disabilities of a congenital or genetic origin or as a result of injury or debilitating disease, those recovering from mental illness, the mentally retarded, and those disabled because of alcohol or drug abuse.

...3

All the provinces and territories (except Quebec) receive federal funds under the VRDP agreements. The rehabilitation services in Quebec are cost-shared under the Canada Assistance Plan.

Another milestone in the history of vocational rehabilitation is also being remembered this year. Thirty years ago, in 1951, the first and only National Conference on the Rehabilitation of the Disabled was called by the Departments of National Health and Welfare, Veterans Affairs and Labour. It resulted in the appointment of a Federal Coordinator for Rehabilitation within the Department of Labour and then the signing of agreements with the provinces authorized by an Order-in-Council, ten years before the VRDP Act came into effect. Health and Welfare Canada assumed responsibility for VRDP on April 1, 1973.

- 30 -

Ref.: Joan Eddis-Topolski

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NEWS RELEASE

1982-18
11 February 1982

SURREY BOYS' AND GIRLS' CLUB WORK ACTIVITY PROJECT

OTTAWA - Health and Welfare Minister Monique Bégin and British Columbia Human Resources Minister Grace M. McCarthy today announced the approval of a work activity project in Surrey to be operated by the Boys' and Girls' Club of Greater Vancouver. It will be one of seven work activity projects now operating in the province.

The federal government and the Province of British Columbia will each pay half the project's total shareable cost of $99,170. The project has been approved until March 31, 1982.

The federal government is authorized under the Canada Assistance Plan to share the cost of work activity projects. These projects are designed to help people who have unusual difficulty in obtaining or holding employment because of personal, family or environmental reasons. Work activity projects are aimed at preparing these people for entry or return to employment.

The project was designed by the Boys' and Girls' Club of Greater Vancouver in cooperation with the Ministry of Human Resources. It will serve young people who are willing to participate and who need to upgrade their work and social skills in order to get a paying job.

The project method will include counselling, lifeskills training, information sessions on such topics as community awareness and job search. Participants will gain work experience through placements in the business community and contract work secured by the project. The project is expected to serve approximately 36 people.

- 30 -

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Canada

Health and Welfare Canada
Santé et Bien-être social Canada

NEWS RELEASE

1982-42
20 April 1982

LAVAL RESEARCH INTO BETTER LIFESTYLES FOR SENIORS GETS $35,656 NATIONAL WELFARE GRANT

OTTAWA - Research into ways to improve the lifestyle of older people was given another boost today from the federal government.

Health and Welfare Minister Monique Bégin announced a grant of $35,656 to the Laboratoire de Gérontologie sociale, Université Laval. The Laboratoire pursues research in the field of social gerontology as well as providing the setting for researchers working in that area. In addition, the Laboratoire runs an information service to help researchers and others working in the field of social gerontology. Its goal is to make available the latest research findings, especially those which will enable positive action to improve the way of life for seniors.

The Laboratoire is also active in training policy and program specialists in social gerontology.

With the help of previous grants, the Laboratoire has promoted research and published information on such subjects as how the impact of one's attitude towards living in a home for the aged affects one's adjustment to it; how elderly people structure their time; late marriages and other households set up by seniors; and a manual of terms for the social side of aging (Dictionnaire-Manuel de Gérontologie sociale).

This brings to $409,656 the amount of National Welfare Grants this research institute in Quebec City has received since 1977.

-30-

Ref.: Joan Eddis-Topolski Tel.: (613)995-8465

NEWS RELEASE

1982-43
April 26,1982

RESEARCH SYMPOSIUM ON AGING RECEIVES FEDERAL FUNDS

OTTAWA - How to improve the quality of life for the growing number of elderly will be the theme of a symposium in Vancouver in June.

A National Welfare Grant of $5,000 to the Committee of Gerontology of the University of British Columbia for a research symposium on aging was announced today by Health and Welfare Minister Monique Bégin.

The symposium will bring together professionals, care providers, educators and researchers from British Columbia and the rest of Canada. They will hear invited papers about biological, social and health aspects of aging on the general theme "Priorities for Aging Research and Policy". Topics will include attitudes towards aging and the elderly, maintaining health, lifestyle factors, family relationships, retirement years, age-related diseases, learning and memory, income support, and health care.

The symposium precedes the World Assembly on Aging to be held in Vienna this summer under United Nations auspices. Health and Welfare Canada has the lead role in ensuring both governmental and non-governmental participation by Canada in the World Assembly.

-30-

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NEWS RELEASE

1982-44
April 26, 1982

FAMILY SERVICE CANADA GETS $100,000 WELFARE GRANT
TO BUILD NATIONAL ORGANIZATION

OTTAWA - A Canada-wide forum on issues affecting the family is taking shape with the help of federal funds.

Health and Welfare Minister Monique Bégin today announced a further grant of $100,000 to organizers of Family Service Canada (FSC).

The FSC steering committee has called a conference for all potential member agencies on June 19 and 20 in Montreal with the theme: Emerging Social Problems and the Family Movement. This immediately precedes the conference of the Canadian Council for Social Development in Montreal June 21-23, 1982. Agencies have been invited to send two delegates and submit nominations for the first FSC board of directors.

Family Service Canada received a start-up grant of $20,000 from Health and Welfare Canada in 1980. A second grant of $82,000 followed in June 1981. Since November 1981, FSC's interim director has attended meetings in 21 cities across the ten provinces to survey the problems and needs of family agencies. The response from the 92 local and provincial family agencies consulted has been "strongly encouraging".

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The core services of a complete family agency are family advocacy, counselling and family life education. Because changing family life styles bring new social pressures on the family, there has been an increased demand for family services.

In January 1982 FSC began publishing a bilingual newsletter to exchange information on issues affecting the family. In future FSC plans to conduct research to develop a data base for a comprehensive social policy for the family.

The FSC steering committee, comprised of leaders in the field drawn from all of Canada's main geographic regions, has just announced the appointment of Trevor Williams of Edmonton as executive director.

-30-

Media Ref.: Joan Eddis-Topolski
Tel.: (613) 995-8465

FSC: Michelle Lachance
Executive Secretary
Family Services Canada
55 Parkdale Avenue
Ottawa, Ontario
K1Y 4G1
Tel: (613) 728-1865

NEWS RELEASE

1982-45
April 26, 1982

ADULTS ALSO SET BACK BY LEARNING DISABILITIES:
$65,000 IN FEDERAL FUNDS TO INFORM PUBLIC

OTTAWA - Adults, as well as children, may be held back because of learning disabilities.

The Canadian Association for Children and Adults with Learning Disabilities (CACALD) has received a further $65,000 to continue its public information campaign, Health and Welfare Minister Monique Bégin announced today.

Young adults and adolescents with learning disabilities often have problems in choosing a vocation and finding a job. Although intelligent, students with learning disabilities have problems in regular school and may drop out during high school. This leaves them unable to meet the minimum requirements even for jobs they are suited for. CACALD wants to make the public aware of their plight, and bring it especially to the attention of social and health workers and manpower and guidance counsellors.

The federal contribution will go towards audio-visual and workshop materials for use by regional CACALD members in their public awareness sessions.

This grant is the seventh the Association has received from Health and Welfare Canada since 1976 and brings the department's total funding to more than $250,000.

-30-

Ref.: Joan Eddis-Topolski
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NEWS RELEASE

1982-46

May 5, 1982

CHILDREN BORN BY ARTIFICIAL INSEMINATION SHOULD BE LEGITIMATE, REPORT RECOMMENDS

OTTAWA - The 200 or more children born in Canada each year following artificial insemination should be recognized as legitimate.

That is the main recommendation of the Advisory Committee on the Storage and Utilization of Human Sperm in its report to Health and Welfare Minister Monique Bégin, released today.

It urges the Minister to emphasize "in the strongest possible terms" the need for provincial legislation which would ensure that a child born by artificial insemination of donor sperm (AID) is recognized as a legitimate child of the mother and her consenting husband.

The report makes two other main recommendations: federal regulations governing standards for the acquisition, preservation and importation of human sperm be established; and AID be available only where guidelines are met to safeguard the donor, the recipient and the progeny.

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About one in ten Canadian couples who wish to have a child are not able to conceive within one year. In one-third of these the delay is due to reduced male fertility. Given the small number of children available for adoption, more couples are choosing to conceive by AID.

By 1979, at least 1500 births had followed treatment of women in Canada by artificial insemination from donors. Demand for the service is growing and there are now some 18 university-based clinics providing counselling and treatment. The report recommends AID be restricted to centres able to meet the strict guidelines suggested by the committee. This would assure not only medical assessment but also thorough genetic screening of potential donors by a questionnaire which geneticists say would reduce the potential for the transmission of inheritable diseases.

Among the major questions that were examined during this study are those concerning the anonymity of the donor and the counselling of the recipient couple. Also raised were other questions about the ethical and biological considerations that have to be dealt with when artificial insemination is used.

The 11-member committee was set up in April 1977 by then Health Minister Marc Lalonde following a request from provincial health ministers to ban the storage of human sperm on a commercial basis. The committee, chaired by Professor Sydney Segal, M.D., of the University of British Columbia, is made up of members from across Canada with knowledge and experience in the fields of ethics, biology, law, medicine, philosophy and religion.

Copies of the report are available on request from the Publications Co-ordinator, Health Service and Promotion Branch, Health and Welfare Canada, Ottawa K1A 1B4.

-30-

Ref.: Joan Eddis-Topolski
Tel.: (613) 995-8465

ADVISORY COMMITTEE ON THE STORAGE AND UTILIZATION OF HUMAN SPERM

CHAIRMAN: Prof. Sydney Segal, M.D.
Faculty of Medicine
University of British Columbia
VANCOUVER, B.C.

MEMBERS:

Prof. Charles F.D. Ackman, M.D.
Faculty of Medicine
McGill University
MONTREAL, Que.

Prof. John Collins, M.D.
Faculty of Medicine
Dalhousie University
HALIFAX, N.S.

Prof. Peter R. Grantham, M.D.
Faculty of Medicine
University of British Columbia
VANCOUVER, B.C.

Judge Sandra E. Oxner, LL.B
Provincial Magistrate's Court
HALIFAX, N.S.

David J. Roy, Dr.THEOL.
Centre de bioéthique
L'Institut de recherches cliniques
de Montréal
MONTREAL, Que.

Allison Burnet, LL.B.
Richmond Unified Family Court
RICHMOND, B.C.

Prof. André Gombay, B.Phil.
Dept. of Philosophy
University of Toronto
TORONTO, Ont.

Roswita Hardenne
833 University Ave.
SASKATOON, Sask.

Prof. Jacques E. Rioux, M.D.
Faculté de Médicine
Université Laval
STE-FOY, Qué.

Louis Siminovitch, PH.D.
Geneticist-in-Chief
Hospital for Sick Children
TORONTO, Ont.

NEWS RELEASE

1982-55
May 17, 1982

INCREASED RESOURCES FOR MEDICAL DEVICES BUREAU

OTTAWA - An increase in manpower and budget over the next two years for Health and Welfare Canada's Bureau of Medical Devices will strengthen the government's ability to monitor the safety and effectiveness of devices marketed in Canada, Health and Welfare Minister Monique Bégin said today.

Treasury Board has allocated the Bureau an additional 34 person years and $600,000 in operating funds.

Defibrillators and life support systems for heart attack patients, heart valves, kidney dialysis machines, air ecologizers and eye care products such as eye glasses and contact lenses are among the 200,000 medical devices sold in Canada. The new manpower and financial resources will increase the Bureau's capacity to establish product safety standards and to subject more devices to pre-market review.

Another important aspect of the Bureau's service to the public will also be strengthened. It will be able to investigate and resolve more quickly, problems reported by medical and lay users of devices.

"With more staff and additional funds we will be better able to assure Canadians of the safety of medical devices available in this country," said Miss Bégin.

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Ref: Jane Heney
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NEWS RELEASE

1982-56
May 19, 1982

MONTREAL CENTRE FOR SOCIAL POLICY ANALYSIS
RECEIVES NATIONAL WELFARE GRANT OF $55,200

OTTAWA - A new centre at the Université de Montréal to study how changes in social policy are to be carried out by social service organizations and professionals has received a National Welfare Grant of $55,200.

Health and Welfare Minister Monique Bégin welcomes the initiative of l'Ecole de service social at the university in developing a centre for social policy analysis.

"With federal backing, the centre will now be able to expand and to hold top professionals in this field," Miss Bégin said. "We need the kind of expertise these professors and their students will be developing if we're going to improve our delivery of social security benefits to the needy and still keep costs down."

In 1969 and 1971, Quebec passed legislation remodelling its social service systems. Further changes are now being proposed in Bill 27. The centre will undertake research and train administrators, planners and researchers to find ways of carrying out these changes that will yield the best cost benefit.

The development of the Centre d'analyse sur les politiques sociales has the full support of the provincial association, le Regroupement des unités de formation universitaire en travail social de la province de Québec.

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Ref.: Joan Eddis-Topolski
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NEWS RELEASE

1982-57
May 19, 1982

DAY CARE: A CRUCIAL ISSUE IN THE '80S"

OTTAWA - In announcing the (2nd) Canadian Conference on Day Care, Health and Welfare Minister Monique Bégin said, "Changes in the family and increased participation of women in the labour force have made the development of high quality day care a crucial issue in the '80s." The Conference, co-sponsored by the Canadian Council on Social Development and Health and Welfare Canada, will be held in Winnipeg on September 23, 24, and 25, 1982.

The conference follows a call from people directly involved in the field of day care as parents, workers, policy makers or advocates, who want the opportunity to discuss the state of day care in Canada; what quality child care is; and how we can promote and obtain it. Working conditions and adequate training of personnel and access and affordability of day care are only two of the issues that will be tackled by participants,

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The conference is being organized by a National Planning Committee with representation from every province and territory from both government and voluntary sectors. Health and Welfare Canada has allocated $100,000 and the Canadian Council on Social Development has contributed $20,000 to the Conference, almost half of which will subsidize the travel and accommodation costs of low-income parents and day care workers across Canada. The provincial governements have been asked to participate in the planning and conduct of the Conference.

It is hoped the Conference will not only be a forum where concerns will be aired, but will provide a vehicle for on-going dialogue and action for better day care.

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For Further information:
Harry Mackay, Conference Co-organizer
Canadian Council on Social Development
(613) 728-1865

Howard Clifford, Conference Co-organizer
Health and Welfare Canada
(613) 995-0128

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NEWS RELEASE

1982-58

May 20, 1982

HEALTH SCIENCE ACTIVITIES FUNDED

OTTAWA - Health and Welfare Minister Monique Bégin today approved $428,193 in research funding for Canadian health science activities. The funds are made available through the National Health Research and Development Program and cover six research projects at Canadian universities and four conferences to be held this year.

--Drs. John Basmajian and Murray Brandstater, and Mrs. Carolyn Gowland, researchers at the Chedoke-McMaster Hospitals and McMaster University in Hamilton, will receive $69,823 for a clinical trial of the effectiveness of an integrated behavioural and physical therapy program for stroke victims seeking to regain the use of their arms. Only about 5 per cent of stroke survivors regain lost arm function, but initial studies of the proposed therapy program show promise for significant improvement in that recovery rate.

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--Every year a group of viruses known as the "California group" is responsible for serious outbreaks of encephalitis. Although much more common in the United States, California encephalitis has been diagnosed in nine Canadians since 1978, and the potential exists for widespread occurrence of the disease. Part of the current problem facing health researchers is the lack of knowledge about which strains in the California group of viruses are dangerous to humans. Dr. Leslie Spence, at the University of Toronto, will receive $64,325 to characterize viruses from different parts of Canada in order to facilitate local disease control measures.

--Drs. Morris Milner and Mercer Rang, researchers at the Ontario Crippled Children's Centre in Toronto, will receive $98,893 for research into better techniques for planning surgical tendon transfer around the ankle joint. Their focus will be on the use of electromyography (a means of assessing by electrical impulse the activity of muscle and nerve tissues) and the extent of damage that may exist. Combined with other measures, this technique is expected to assist in planning and evaluating corrective surgical procedures.

--Drs. Michael Stevenson and Malcolm Taylor at York University, Toronto have been awarded $21,607 for a survey of doctors, hospital administrators and senior health care officials in four provinces to determine their perceptions of problems and policy alternatives in medical care insurance in Canada.

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--Drs. Edward Shwedyk and Shashikant Seshia, at the University of Manitoba, will receive $85,790 to develop a computerized diagnostic aid to treat children and adults who have convulsive disorders of the nervous system. Using prolonged EEG recordings from children, the researchers will establish a computerized data base that will permit automatic signal recognition when applied to other lengthy EEG recordings used in the investigation and management of such nervous disorders. The work is expected to have a direct impact on improved care.

--One woman in 15 is expected to develop breast cancer during her lifetime. Even with the prospect of successful treatment, many women suffer profound psychological and social problems as a consequence of developing the disease. Drs. Lawrence Shepel and Robert Zemore, at the University of Saskatchewan in Saskatoon, will use a $60,390 award to research the extent and nature of those difficulties and to examine coping abilities among women. The results will provide valuable input to the creation of effective support programs for women with breast cancer.

A total of $27,365 has also been approved for four health conferences:

--The XII Biennial Conference on Dental Research and Education will be held in Halifax in June. The focus of this conference, sponsored by the University of British Columbia, will be on young dental researchers ($6,436).

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--An International Conference on the Adipocyte and Obesity, co-sponsored by the Ontario Heart Foundation and the University of Toronto, will take place in Toronto, June 28-29. The conference will highlight parallel efforts in research and clinical practice in seeking solutions to obesity and associated cardiovascular diseases ($2,344).

--The Association of Canadian Faculties of Dentistry has identified a need for increased research and educational attention in the area of geriatric dental care. The Minister has approved $8,585 for a conference on geriatric dentistry; date yet to be determined.

--Also in the early planning stages is the 6th International Congress of the International Association for the Scientific Study of Mental Deficiency. Federal funding of $10,000 has been approved.

The NHRDP supports scientific research and related activities designed to provide information needed by the Department on issues related to the health care system , environmental health, the health consequences of human behaviour, and the health status of selected populations. Ministerial approval of awards is based on recommendations arising from a process of peer review for scientific merit, and a relevance assessment conducted by departmental officials.

Persons interested in obtaining information on the NHRDP may write to the National Health Research and Development Program, Department of National Health and Welfare, Ottawa, K1A 1B4.

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Ref.: Benoit Houle
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NEWS RELEASE

1982-59

May 20, 1982

$568,013 APPROVED FOR HEALTH RESEARCH PROJECTS

OTTAWA - Health and Welfare Minister Monique Bégin today announced that $568,013 in federal funds have been approved for health research activities across Canada. The funds are made available through the Department's National Health Research and Development Program (NHRDP).

The research to be funded affects Canadians from the first hours of birth to their advanced years.

- Newborn babies are monitored routinely for the level of an albumin compound called bilirubin. The level of bilirubin in the baby is important in the early detection and treatment of a relatively common disorder which, if uncorrected, can lead to bilirubin encephalopathy and irreversible brain damage. Drs. Roger Thibert and Thomas Draisey at the University of Windsor will receive $27,624 for research into the development of a new and more sensitive technique for monitoring bilirubin.

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• Children with disabilities are the subject of three research projects.

--Drs. Daniel Ling and Donald Doehring, at McGill University, have been awarded $93,735 for research into the difficult problem of how to improve the reading ability of hearing-impaired children.

--At Carleton University in Ottawa, Dr. Bruce Ferguson will use a $78,348 award to develop a comprehensive and standardized battery of tests for assessing the cognitive functioning of learning-disabled children. Both projects recognize that social disability, physical and psychological health are interrelated concerns.

--A third project will examine the potential for extending the useful life of artificial limbs (arms in particular) used by growing children. Dr. William Galway, Dr. Robert Gillespie and William Sauter are researchers at the Ontario Crippled Children's Centre in Toronto. They have received a $9,298 award to develop and assess a laminated prosthesis socket liner (resembling the layers of an onion) making it possible to extend the number of refittings and facilitating the process.

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• The energy of teenagers can sometimes cloud the fact that adolescence is an important period of life in health terms. Teenagers may also not be well-acquainted or at ease with the range of health services available. The Newfoundland Department of Health is considering the establishment of an adolescent health counselling service to provide young people with multi-disciplinary counselling and treatment services in lifestyle, mental health, growth and development. To assist the Department in developing the research protocol of a demonstration project in the St. John's area, Dr. Howard Strong has been given a $15,000 formulation grant.

• It has been established in previous studies that patient counselling by a pharmacist in a hospital setting has a positive effect on drug use and compliance with drug therapy. Drs. William Parker and David Yung of Dalhousie University propose to extend this research to the setting of a community pharmacy. A $23,926 award has been given to them to evaluate the impact of community-based pharmacist counselling. In addition to the direct health benefits, the study should demonstrate the economic feasibility of basing such counselling services in community pharmacies.

• Dr. Emilie Newell, a researcher at the University of Western Ontario, will use a $61,206 award to develop and evaluate special pressure-distributing shoe insoles for people suffering from rheumatoid arthritis whose feet have become painful and deformed. This complication, known as metatarsalgia, and the pain associated with it can severely limit the sufferer's mobility and independence. Relief of the pain and protection of the foot would restore these to a significant extent.

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• Fitness for the wheelchair-bound person is a distinctly individualized concern, taking into account the nature of the disability, the complications it creates, and the person's perception of body image, lifestyle and social integration. With an $82,100 award Drs. Roy Shephard and Robert Jackson of the University of Toronto will study a large cross-section of wheelchair-bound individuals and prescribe fitness regimens that will contribute to their health and social adjustment.

• Hypertension is a widespread health problem that contributes significantly to illness and death. If one could identify children with a potential for developing hypertension in later years, preventive measures could be taken. Dr. Jean-Guy Mongeau, a researcher at the Hôpital Sainte-Justine in Montreal, will examine the chemical transport of sodium and potassium across the membrane of red blood cells as a potential genetic marker that would identify children prone to hypertension. He will receive $99,485 for his research.

• Julia Wong and Shirley Wong receive $14,130 for a study at Dalhousie University of how to improve patient compliance with post-operative medical regimens after total hip replacement. The success of this operation depends on the patient's adherence to directions he is given. The researchers propose to develop a new approach to patient education combining information and behavioural strategies for the patient.

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• Many elderly people - perhaps as high as 86 per cent - and in particular elderly women, acquire an impaired tolerance to glucose. This contributes to the development of diabetic and cardiovascular conditions. Evidence suggests that the problem arises from a deficiency of chromium in the diet, brought about by changes in nutrition practices and food processing techniques that have the effect of reducing chromium content in food. Drs. Olga Martinez and Rosalind Gibson, at the University of Guelph, will receive $35,571 to test the effectiveness of a screening technique for detecting the problem, using measured levels of chromium in hair; and to assess the impact of chromium supplements on glucose tolerance in elderly subjects.

• Support toward the cost of three health conferences was also announced today:

--to Dr. Edouard Kurstak, Université de Montréal, $18,600 for the Fourth International Congress on Comparative Virology, to be held in Montreal, September 14-16.

--to William Boyle, $7,240 for a State of the Art Conference for Visual Artists, in Toronto, February 12-14. The focus of this conference was on the problem of health risks to artists working in all media. These include chemical hazards in materials, inhalation of dusts or fumes and other physical and toxicological hazards.

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--to Dr. Kanji Nakatsu, Queen's University, $1,750 toward a two-day Symposium on Toxic Substances in the Environment.

The NHRDP supports scientific research and related activities designed to provide information needed by the Department on issues related to the health care system , environmental health, the health consequences of human behaviour, and the health status of selected populations. Ministerial approval of awards is based on recommendations arising from a process of peer review for scientific merit and a relevance assessment conducted by departmental officials.

Persons interested in obtaining information on the NHRDP may write to the National Health Research and Development Program, Department of National Health and Welfare, Ottawa, K1A 1B4.

-30-

Ref.: Benoit Houle

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NEWS RELEASE

1982-61

May 25, 1982

HEALTH RESEARCH RECEIVES $384,362

OTTAWA - Health and Welfare Minister Monique Bégin today announced the approval of $384,362 in federal funds for the support of health research activities in Canada. The funds are made available through the Department's National Health Research and Development Program (NHRDP).

The awards are as follows:

--to Dr. Alexander Leighton, Dalhousie University in Halifax, $45,088 for a study of the incidence of different categories of psychiatric disorders across a large study population. Using data collected over an extended period of time, he will examine the emergence of psychiatric problems at various time intervals and death rates associated with psychiatric illness. This is important research for the planning of psychiatric services.

Canada

Health and Welfare Canada
Santé et Bien-être social Canada

--to Dr. Neena Chappell, University of Manitoba, $62,493 for an assessment of the effectiveness of Adult Day Care, a type of community support program for the elderly who live at home. The study will compare people who receive Adult Day Care with users of other home care services and with people who receive no home care, in terms of their use of other health services, their general well-being and social integration, their activity level and overall "survivorship".

--to Dr. Ronald T. Coutts, University of Alberta in Edmonton, $23,465 for research into the presence of amines in common foods. Amines are chemical compounds that have been associated with the onset of migraines and other problems of the nervous system. Dr. Coutts will analyze chocolate and cheese for specific information on those foods and develop a convenient method of analysing other foods.

--to Dr. Iain Begg, University of British Columbia, $74,327 for a national study of how drugs used in ophthalmology interact and produce adverse reactions. This is vital information to ensure the continued safety of ophthalmological therapies using drugs.

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--The radioactive decay of uranium or thorium produces a series of "daughter products" whose radioactivity exceeds that of the original elements. Although few of these products -- known as gamma-active radionuclides -- are significant from the point of view of any direct health hazard, the better it is understood how they are dispersed in air, soil or water, the easier it is to plan for mining, radioactive waste disposal and for related public health protection measures. This issue will be investigated by Dr. Richard Culbert with D.G. Leighton and Associates Limited, Vancouver, using a $27,775 award.

--Amputees who use artificial limbs require highly accurate and individualized fittings for comfort, health and safety. James Foort, at the Medical Engineering Research Unit of the University of British Columbia, will use a $36,700 award to develop a system whereby the precise shape of a fitting can be stored on computer and recreated when required by automatic, computer-controlled fabrication. This will save money and space now dedicated to the storage of original models and support the skills of those who do initial fittings.

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--Mr. Foort also receives $62,150 for advanced work on the development of a new form of orthoses -- devices used to support the body in order to correct or prevent a deformity. The radically different system being developed by Mr. Foort should provide better results, more quickly and at less cost. A full evaluation of his new system will be a subsequent research step.

--Dr. Rod Michalko of the Canadian National Institute for the Blind in Toronto will receive $15,000 to examine societal definitions of blindness and the consequences those perceptions and concepts have on the approach to disability by all concerned. This is a difficult and important area of investigation. As the Minister noted, the Special Parliamentary Committee on the Disabled and the Handicapped heard from many quarters how attitudes in society affect those who are disabled.

--Two scientific gatherings have also been given support. In March, Queen's University held a Conference on Changing Patterns in Health Science Education in the '80's and '90's. Montreal will be the site in June, 1983 of the 8th International Congress of Cytology, hosted by the International Academy of Cytology. Both gatherings receive $5000 toward the cost of their activities.

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The NHRDP supports scientific research and related activities designed to provide information needed by the Department on issues related to the health care system , environmental health, the health consequences of human behaviour and the health status of selected populations. Ministerial approval of awards is based on recommendations arising from a process of peer review for scientific merit and a relevance assessment conducted by departmental officials.

Persons interested in obtaining information on the NHRDP may write to the National Health Research and Development Program, Department of National Health and Welfare, Ottawa, K1A 1B4.

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Ref.: Benoit Houle

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NEWS RELEASE

1982-62

May 25, 1982

HEALTH RESEARCH AWARDS ANNOUNCED

OTTAWA - Health and Welfare Minister Monique Bégin today recognized the work of health researchers across Canada in announcing the names of recipients of nine awards totalling $268,749. The awards are made available through the Department's National Health Research and Development Program (NHRDP).

National Health Research Scholar Awards are granted to outstanding individuals who combine demonstrated research ability with the promise of making significant contributions to health research as full-time career investigators. Madame Bégin said scholar awards have been given to:

- Drs. Michael Kramer and Margaret Bruck, both with McGill University and the Montreal Children's Hospital.
  Dr. Kramer's research is in the field of paediatric clinical epidemiology while Dr. Bruck is researching the psychology of learning disabilities and the development of learning skills. Each receives $41,639.

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- Dr. Jean Kincade, University of Western Ontario, receives $32,382 for medical sociological research particularly in the areas of stress and hypertension.
- Dr. Corinne Dulberg, University of Ottawa, has been awarded $31,577 for her work on environmental hazards, such as dioxin, and their impact on human reproduction.
- Dr. James Dosman will receive $49,689 to continue his research into respiratory health risks in agriculture and related industries. Dr. Dosman is in the Department of Medicine at the University of Saskatchewan in Saskatoon and with the Respiratory Medicine Section of the University Hospital.
- Dr. Morris Barer, University of British Columbia, has been awarded $34,394 for health economics research, particularly in studies related to hospital costs, health insurance utilization levels, the impact of special services and health personnel utilization.

The Minister also announced a National Health Postdoctoral Fellowship Award of $22,510 to Dr. Robert Camargo of the University of Toronto. His research will deal with the impact of health insurance on the clinical practice of psychiatrists.

Two National Health Visiting Scientists Awards were also approved. Recipients are Marc Renaud, Université de Montréal ($9,919) for public health research at the Institut national de la santé et de la recherche médicale in Paris and Dr. John Read, University of Calgary ($5,000) for research at the University of Upsala, Sweden, into accident prevention and control, particularly as related to child transportation safety.

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The NHRDP supports scientific research and related activities designed to provide information needed by the Department on issues related to the health care system , environmental health, the health consequences of human behaviour, and the health status of selected populations. Ministerial approval of awards is based on recommendations arising from a process of peer review for scientific merit and a relevance assessment conducted by departmental officials.

Persons interested in obtaining information on the NHRDP may write to the National Health Research and Development Program, Department of National Health and Welfare, Ottawa, K1A 1B4.

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Ref.: Benoit Houle

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NEWS RELEASE

1982-63

May 26, 1982

SENIOR CITIZENS LAUNCH THEIR MONTH IN OTTAWA JUNE 1-3

OTTAWA - Senior citizens representing every part of Canada will launch Senior Citizens Month, declared by Governor-General Edward Schreyer, and New Horizons Tenth Anniversary with a three-day program in Ottawa June 1-3.

Health and Welfare Minister Monique Bégin will hold a luncheon for the 200 seniors June 1 in the Parliament Buildings. Among the special guests will be the Hon. Stanley Knowles, Senator David Croll and the Hon. Marc Lalonde. After the luncheon, the visitors will tour the Parliament Buildings and take a boat trip on the Ottawa River.

On June 2 they will be guests at a luncheon marking the 25th anniversary of the Ottawa Senior Citizens Council. In the evening they will attend a buffet and reception given by seniors of "La Cabane" across the Ottawa River in Hull, Quebec. The two local seniors groups have also arranged a tour of the National Capital Region for the visitors.

On June 3, they will attend a luncheon given by the Governor-General and Mrs. Schreyer at Government House and an evening performance of the National Ballet of Canada at the National Arts Centre.

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Senior Citizens Month will celebrate the contribution which older people have made and continue to make to our country. It will also mark the tenth anniversary of the federal government's New Horizons Program which has helped some 800,000 seniors carry out nearly 17,000 projects which have benefitted not only themselves but also their communities.

A special report of the work which seniors have carried out during the last ten years with the Program's assistance, entitled "New Horizons: The First Decade", will be released during the Ottawa Festivities.

Another national event, an exhibition of history books written by senior citizens, will open in Edmonton June 7. With the help of New Horizons grants, groups of seniors have published 400 histories and have another 200 in preparation. These books record the histories of Canadian settlers, families, communities, ethnic groups, industries, social movements, landmarks and prominent individuals. After closing in Edmonton July 10, the exhibition, Our Yesteryears: Making and Sharing Canadian History, will be shown in other provinces.

Regional events, about 70 in all, are being staged in all provinces. The public is being invited to most of the regional events where New Horizons groups will demonstrate that retirement years can be fruitful and happy as well as a time to reach out to help others.

Examples of regional events are attached.

-30-

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SOME OF THE EVENTS MARKING SENIOR CITIZENS MONTH
AND THE TENTH ANNIVERSARY OF NEW HORIZONS

Ninety senior citizens groups in Victoria will stage craft displays, picnics, art exhibitions, workshops, recreational and sports events at different locations throughout Vancouver Island during the month of June.

"A Festival Celebrating Old Age in British Columbia" will be held in Vancouver's Robson Square Media Centre. The program will open on June 9 and run for five days, including an international film festival on aging, multicultural events, displays and performances by four hundred senior citizens groups.

In Medicine Hat, Alberta, approximately 700 seniors will participate in a program of events on June 9 which will include music and dancing, arts and crafts displays, a ball game and barbecue.

A province-wide series of events in Manitoba June 7-16 will highlight mall displays of crafts and hobbies, fashion shows, sports and recreation tournaments and boat cruises.

In Scarborough, Ontario, a festival emphasizing health and fitness June 14-18 will include demonstrations in tai-chi, exerdancing, ballroom and international folk dancing, craft exhibitions. Fitness groups will set up booths to promote their activity. Approximately 6,000 seniors are expected to participate.

On June 15, seniors of 250 parishes will hold a country fair in Pointe Platon provincial park in Lotbinière, Québec.

Senior citizens organizations in Newfoundland, New Brunswick, Prince Edward Island and Saskatchewan are holding special events in conjunction with their annual meetings.

During June 20-26, seniors in Halifax will organize boat tours of Halifax harbour, bus tours, a barbecue, garden party, dances, bowling tournaments, craft fair and variety shows.

NEWS RELEASE

1982-64

May 26, 1982

FEDERAL MINISTER PROPOSES NEW "CANADA HEALTH ACT"

OTTAWA - Health and Welfare Minister Monique Bégin today suggested that health ministers begin a process of consultation on new federal health legislation.

A target date of Spring 1983 was proposed for Parliament to pass the new "Canada Health Act", consolidating existing legislation and clarifying the national standards for insured medical and hospital services. The new Act would replace the Hospital Insurance and Diagnostic Services Act (HIDS) of 1957 and the Medical Care Act of 1966 and part of the Established Programs Financing and Fiscal Arrangements Act of 1977 in governing future federal contributions to provinces for health insurance programs.

Miss Bégin outlined the federal proposals for the new Act under basic conditions aimed at ensuring access to high quality care for all residents of Canada:

Universality

The federal government proposes that 100% of qualified residents be covered.

Comprehensiveness of coverage

The federal government proposes that insured services include:

1) all medically required services of medical practitioners and certain surgical-dental procedures carried out by dentists in hospitals.

2) all necessary in-patient and out-patient care in hospitals and related types of institutions. Such care includes acute, chronic and rehabilitative care and refers to both physical and mental care.

Accessibility

All residents of Canada should be entitled to:

- a sufficient quantity of insured services;
- an equitable geographic distribution of insured services;
- availability of insured services when needed;
- acceptable quality of insured services;
- delivery of insured health services without financial barriers.

In order to keep health care accessible to all residents of Canada, the federal minister said we must take steps towards eliminating extra-billing. She acknowledged that this would be "controversial" but warned that "if this practice continues to spread, it will seriously threaten accessibility and gradually erode our prepaid health care system".

Both Mr. Justice Emmett Hall in his 1980 report and the all-party Parliamentary Task Force which reported in August 1981 opposed extra-billing of patients by physicians.

"If reasonable compensation is provided there should be no need for extra-billing," the health minister said.

With respect to "reasonable compensation", the health minister noted that there have been objections to proposals to use binding arbitration to settle fee disputes, and she invited alternate suggestions from provincial health ministers, from physicians' organizations and others. She agreed to the need for a "thorough review" of the question of reasonable compensation and mechanisms for ensuring it and said this could be "a very productive area" for the ministers to study during the course of their discussions.

The federal view is also that "user charges undermine the basic principle that the costs of medically necessary health care should be borne by society so that people are not financially penalized for being sick."

Portability

Miss Bégin urged provinces to step up the current federal-provincial discussions aimed at improving the arrangements for settling out-of-province claims in order to complete these arrangements by 31 March 1983.

Information

Miss Bégin also indicated that the federal government would continue to require adequate information from the

provinces to monitor the program conditions and proposed that provinces give greater public recognition to the federal contributions to health care.

While expressing the hope that the new legislation embodying clear statements of the conditions under which federal cash contributions can be paid would greatly reduce further disagreements over compliance, the Minister indicated that the new Act should set out a series of specific steps to be followed in the event of questions as to non-compliance with conditions. Any decision to apply sanctions would be made only after this full process had been completed.

In summing up the federal proposals, the Minister indicated that they had been put forward in response to growing public concern about the integrity of health insurance programs in Canada. She emphasized that they were not intended as criticisms of other governments or providers of care, but rather as constructive proposals for renewal of the programs. She urged that the process of federal-provincial discussions and negotiation which was launched today be completed by the Fall in order that the new Canada Health Act might be introduced by next Spring.

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Ref.: Benoît Houle
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NEWS RELEASE

1982-78

June 22, 1982

TORONTO FACULTY OF SOCIAL WORK PROJECT
TO IMPROVE LIFE OF ELDERLY IN INSTITUTIONS

OTTAWA - Improving the psycho-social setting in long-term care institutions may enable the elderly to lead fuller and happier lives.

Health and Welfare Minister Monique Bégin today announced a $66,000 National Welfare Grant for a demonstration project by the Faculty of Social Work, University of Toronto, to find ways of improving the quality of life in homes for the aged.

Project staff in four homes for the aged in Metro-Toronto will be working with both the staff and residents in determining the degree to which changes can be made in the psycho-social environment and the impact of these changes on the well being of the residents.

Canada is faced with the "greying" of its population. Now 2.3 million (nearly 10 per cent) of Canadians are age 65 or older. By the year 2001 there will be about 3.4 million Canadians over the age of 65, i.e. nearly 12 per cent of the projected total population. The biggest percentage increase will be in those over 80 -- those most likely to need long-term institutional care.

...2

The final report of this three-year project could form the basis for a training manual for social workers and others working with the elderly. The study is being carried out in co-operation with the Metro-Toronto Department of Community Services, Homes for the Aged.

-30-

Ref.: Joan Eddis-Topolski

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NEWS RELEASE

1982-79

June 23, 1982

WOMEN, LOW INCOME WORKERS POORLY COVERED
BY PRIVATE PENSIONS - HEALTH & WELFARE STUDY

OTTAWA - The vast majority of women and low-income workers have no private pension plan coverage, a Health and Welfare Canada study has shown.

"This study makes it clear that there are serious gaps in pension plan protection, particularly in the private sector," the Minister of Health and Welfare, Monique Bégin, said today when releasing the publication Pension Plan Coverage by Level of Earnings and Age, 1978 and 1979.

The statistics come from those compiled by the Department of National Revenue/Taxation from income tax returns. This is the first time information has been made available on the income levels or ages of pension plan members.

The study confirms that private pension plan coverage is low although it increases with level of earnings. While 48 per cent of Canada and Quebec Pension Plan contributors are members of employer-sponsored pension plans, only 11 per cent of those at the lowest income levels are covered by an employer-sponsored pension plan. However 84 per cent of those with earnings in excess of $30,000 are protected by employer-sponsored pension plans.

...2

In 1979 only 49 per cent of men in the private sector and 30 per cent of women belonged to a pension plan. This means there were more than two million women working outside the home who had no private pension plan protection. About 1.6 million men in the private sector who earned below the average wage and another half million who earned a bit more (but less than 1.5 times the average wage) also lacked private pension protection.

Because of the mobility of the Canadian labor force and the lack of portability between pension plans, the numbers of people retiring with significant pension income will be even less than the coverage ratios indicate since people who leave a job generally forfeit their right to a pension.

In the public sector, pension plan coverage was virtually complete for all those with earnings above the average wage (approximately $14,000 in 1978 and $15,000 in 1979).

Copies of the study are available from the Planning, Evaluation and Liaison Directorate, Income Security Programs Branch, Department of National Health and Welfare. Telephone: (613) 593-7091.

-30-

Ref.: Joan Eddis-Topolski

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NEWS RELEASE

1982-80

June 29, 1982

HOW TO MAINTAIN PHYSICALLY DISABLED AT HOME AIM OF STUDY

OTTAWA - How best to enable those who are severely physically handicapped to live at home instead of in institutions is what a Quebec study aims to find out.

A $16,000 National Welfare Grant to carry out the developmental phase of an evaluative study was announced today by Health and Welfare Minister Monique Bégin.

The Comité de Liaison des handicapés physiques du Québec in Montreal will examine three pilot projects launched by rehabilitation centres in Quebec, Montreal and Sherbrooke. The study will touch upon such fundamental issues as: the impact of home support services on the consumers' living conditions; social service standards to ensure independent living in housing; and the cost-benefits and efficiency of the different types of services tested by the rehabilitation centres. Some provide on-going in-house services within a residential setting. Other building complexes have been adapted to enable independent living with services coming in from the outside.

...2

The Obstacles report (1981) of the House of Commons Special Committee on the Disabled and the Handicapped asked that more efforts be made to enable the handicapped to live outside institutions. The report asked for funds to make existing housing accessible (recommendation 70), for demonstration projects in independent living (rec. 76) and for a study into the cost-effectiveness of de-institutionalization which would enable more disabled persons to live in the community (rec. 103).

Quebec's Office for the Handicapped fully supports this project and will participate in it by assisting the Comité de Liaison.

-30-

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Santé et Bien-être social Canada | Health and Welfare Canada

cabinet du ministre
l'honorable Monique Bégin

Office of the Minister
The Honourable Monique Bégin

1982-88

July 16, 1982

MEDICAL USE OF HEROIN

OTTAWA - Heroin as a legal painkiller was the subject of a meeting held today between the Minister of Health and Welfare, Madame Bégin, and Dr. Ken Walker of Niagara Falls. Management of severe pain and availability of heroin on the market were the two main aspects of the discussion.

Management of severe pain: The Minister undertook to have the Health Protection Branch of the Department sponsor the development of a monograph on the management of severe pain, using a variety of narcotic and non-narcotic painkillers. This monograph would be sent to inform doctors and medical schools on the availabilities and efficacy of other painkillers.

Availability: No import permits for heroin have been signed in Canada since January 1, 1955, following the passage of a resolution by the United Nations, acting on advice received from member countries, to abolish its production and importation. Madame Bégin also agreed to ask the World Health Organization for its current assessment of the place of heroin in pain relief.

Keeping in mind the principle that doctors and patients should have a broad choice of possibilities, a decision on the possible legalization of heroin for therapeutic treatment should however be weighed against experts' opinions on the value of heroin in pain control and the risk of its misuse.

-30-

Ref.: Bernard Daudier
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The report gives an overview of the lifestyles and situation of seniors in Canada under the headings suggested by the United Nations: income security, employment, health, housing, family, social welfare, and education/culture/ recreation. The Report also looks ahead at developmental issues under three headings: economic, social and political. Research into aging and the education of those serving seniors is the theme of the last section of the report. The report also gives a summary of the demographic aspects of the aging population in Canada.

In her foreword to the report Miss Bégin said the World Assembly "presented a challenge to Canada to review the current situation regarding her older citizens, and to consider the kinds of future developments that may be required to meet the needs and aspirations of an aging population".

Miss Bégin dedicated the report to the aged of Canada - past, present and future and said she hoped that older Canadians will continue to participate in the decision-making about matters of concern to them.

The first results of the 1981 census, just released by Statistics Canada, show a "rapid population-aging". If present trends continue, Statistics Canada predicts that by 2031 there could be one pensioner for every two workers, down from the current ratio of about one-to-five. Women make up the majority of the aged population and within ten years women over 80 will outnumber men over 80 by two-to-one. These trends will have powerful repercussions on Canada's economy and social fabric.

...3

The report points out that the special needs and concerns of the aged have to be taken into account in many areas of planning. A few of these are the redevelopment or revitalization of urban areas, flexible retirement, degree of integration or segregation of seniors, provision of adequate retirement income including equitable treatment for women, and the development of the most efficient, accessible and economic care arrangements to serve the needs of the greatest number of aged persons. The emphasis will continue to be on enabling seniors to maintain their independence and choose their own lifestyles.

The report is available from the Public Affairs Directorate, Health and Welfare Canada, Tunney's Pasture, Ottawa, Ontario, K1A 0K9.

-30-

Ref.: Carole Peacock

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NEWS RELEASE

1982-100

August 17, 1982

CANADA'S PARTICIPATION AT WORLD ASSEMBLY ON AGING: A POSITIVE INFLUENCE

OTTAWA - The United Nations World Assembly on Aging completed its work in Vienna, Austria, on August 6 with the adoption of an International Plan of Action on Aging. The Plan will receive final approval from the U.N. General Assembly next fall. It is in accord with the consensus reached by the Canadian delegation and incorporates the essence of many of the recommendations submitted by Canada.

Senator Maurice Riel, who headed the Canadian delegation during the first week, set forth this country's position. "We acknowledge that primary responsibility for the formulation and implementation of its own policies on aging rests within each country," he said. "An International Plan of Action will, however, be relevant to our own efforts in furthering the development of policies and planning in respect to the aging."

Canada stressed the importance of an integrated approach to health care, the need to offer a wide range of health and social services aimed at giving greater independence to the aged, and the human aspects of dying.

The delegation emphasized the significance of better public education in order to change current stereotypes affecting perceptions of older people.

Other areas upon which the Canadian delegation focused special attention included the need to give greater concern to the special requirements of elderly women, particularly in the area of income security; the important role of the voluntary sector, as well as the necessity for more research and training in gerontology.

The Canadian delegation included members of Parliament representing the three federal parties, provincial cabinet ministers, federal government representatives, and members of non-governmental organizations concerned with aging. Charles Turner, M.P for London East, headed the delegation during the second week.

As a follow-up to the World Assembly, Health and Welfare Minister Monique Bégin plans to convene a national conference on aging within a year.

-30-

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NEWS RELEASE

1982-109
September 7, 1982

INDIAN AND NATIVE SOCIAL WORK EDUCATION IN CANADA BEING STUDIED BY UNIVERSITY OF REGINA WITH FEDERAL GRANT

OTTAWA - Better methods of Indian and Native social work education are being sought by the University of Regina with the backing of the federal government.

Health and Welfare Minister Monique Bégin today announced a National Welfare Grant of $47,500 to the Faculty of Social Work at the University of Regina. The money will enable Harvey Stalwick and Lavina Bitternose to take stock of university, community college and in-service training courses for and about Indian and Native people to see which are the most effective.

Some social work courses in Canada have been better than others in responding to the needs and patterns of Indian and Native cultures, social conditions, economic realities and social development. Other schools want to learn from them how best to accommodate to Indian and Native students and their communities. Of special interest are the qualities demonstrated by non-Native social workers who have attitudes, knowledge and skills which make sense to Indian and Native persons.

More and more Indian and Native people are taking over the social services for their communities. The Regina Faculty of Social Work, which has become the leader in the field, will work closely with Indian and Native groups, service agencies, schools of social work and others throughout Canada to explore the best educational opportunities for those who will be serving Indian and Native people.

-30-

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Canada
Health and Welfare Canada
Santé et Bien-être social Canada

NEWS RELEASE

1982-111

September 9, 1982

$133,065 IN FEDERAL GRANTS FOR PRAIRIE AND NORTHERN HEALTH EDUCATION

OTTAWA - School children in the Northwest Territories, Native people in and around North Battleford, and sniff education programs in Manitoba will benefit from three health promotion contributions announced today by Health and Welfare Minister Monique Bégin.

The Health Information and Promotion Unit of the NWT Department of Health is receiving $75,565 for a health education curriculum guide for the schools. Health training in NWT schools is now limited because there is no curriculum manual that can be used by teachers. The guides used in other provinces are not suitable because of differences in culture, language and environment. The new curriculum will promote healthy lifestyles which will help the students to avoid medical problems now and later in life. There are over 12,500 Dene, Inuit, Metis and non-native children in NWT elementary and secondary schools.

...2

The Battlefords Indian Health Centre (BIHC) in North Battleford, is receiving $40,500 for "Meyo Machi Howin" (good health), a project to develop community-oriented audio-visual and printed materials in both Cree and English about nutrition, school health education and diabetes. The program will also encourage local Native participation in promoting health. As traditional foods are replaced by convenience items, diabetes and nutritional deficiencies are increasing among Natives. Native children also are at greater risk than others from accidents, mental disorders, dental/oral diseases and alcohol abuse.

A 30-minute videotape recording (VTR) about the effects and potential dangers of sniffing solvent will be prepared by the Winnipeg Anti-Sniff Coalition using a contribution of $17,000 announced today. The VTR will give a view of the child sniffer, examine two communities where solvent abuse is common, and review ways people are tackling the problem. The videotape will be shown to parents, teachers, professionals and others dealing with solvent abuse as a focus for community discussion. The Alcoholism Foundation of Manitoba has contributed $1,500 toward the cost of preparing the script.

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NEWS RELEASE

1982-112

September 9, 1982

HEALTH AND WELFARE AWARDS $461,158

OTTAWA - Health and Welfare Minister Monique Bégin today approved contributions totalling $461,158 to three national health organizations under the Health Promotion Contribution Program of her department.

The largest sum, $365,658, is awarded to the Canadian Mental Health Association, with headquarters in Toronto, for a national study entitled "Mental Health and the Workplace".

Recent studies provide statistical evidence of the growing importance of mental health issues. Suicide, for example, is the fourth major cause of death for Canadians in their early productive years and the rate, especially for teenagers, is increasing. Employment and Immigration Canada reports that in 1975 46 per cent of all work- related disabilities were caused by mental disorders and that 15 to 30 per cent of the work force is seriously affected by emotional problems.

...2

To deal with this situation, the Canadian Mental Health Association proposes to create awareness among professionals and workers of the facts of mental health and illness, promote more favourable attitudes toward those with mental illness, develop programs which would facilitate the reintegration of mentally rehabilitated individuals into the work place and encourage the removal of mental health-related barriers to obtaining employment and job satisfaction.

The Back Association of Canada, also located in Toronto, will receive $33,000 to publish four issues of its quarterly publication Back to Back for distribution to back pain sufferers, physicians, physiotherapists, chiropractors, massage therapists and community groups.

Eighty per cent of North Americans -- including 16 million Canadians -- experience back pain at some time in their lives, usually between the ages of 30 and 55. Claims for back injuries to the Workmen's Compensation Board of Ontario amount to over $90 million annually.

The Back Association of Canada was formed in 1981 to assist back pain sufferers in understanding the nature of their problem.

The third contribution, $62,500, goes to the Canadian Parks/Recreation Association, Ottawa to assist with its project "Together is Better".

...3

Today's family is subject to many stresses resulting in growing divorce rates, more single-parent families, higher teenage suicide rates and an increasing need for both parents to work outside the home. Research has shown that shared leisure experiences can assist families in coping with change and upheaval in their lives.

"Together is Better" combines a national media campaign with community-based activities to raise the awareness of problems facing families today and to encourage recreation planners and workers to develop leisure-time activities which are accessible and appealing to family groups.

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Ref.: Benoit Houle

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NEWS RELEASE

1982-117

October 7, 1982

CHILDREN'S HEALTH KNOWLEDGE TO BE STUDIED

OTTAWA - The effort to promote a good knowledge of important health concepts among children is widespread. In addition to the health education children receive in school, many companies and organizations produce promotional health materials, and the federal government initiates various national programs of health promotion. Today, Health and Welfare Minister Monique Bégin announced that she has approved a $132,770 research award to the Social Program Evaluation Group at Queen's University in Kingston, Ontario for a national survey of health knowledge of Canadian children. The funding is provided through the National Health Research and Development Program (NHRDP).

The study will focus on children aged 9, 12 and 15 with the aim of establishing a baseline for the health knowledge possessed by these age levels. With such information, all those concerned with health promotion among Canadian children should have an excellent foundation for assessing the impact of their efforts to date, for re-orienting current health education efforts, and for designing and presenting future promotional messages and materials.

...2

The Queen's researchers have negotiated working arrangements for the survey in all provinces. It will be conducted among a sample of grade 4, 7 and 10 classes, these being representative of the age groups to be studied. Almost 10,000 students will be surveyed in each age group.

The Minister highlighted two of her Department's health promotion efforts as examples of federal government activities that would benefit from the results of the survey -- "Generation", aimed at encouraging Canada's young people to become a generation of non-smokers, and "Hole in the Fence", a program which introduces living skills to young children.

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Ref.: Benoit Houle

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NEWS RELEASE

1982-118

October 13, 1982

EDUCATIONAL FELLOWSHIPS IN HEALTH RESEARCH

OTTAWA - Educational fellowships in health research totalling $206,100 were announced today by Health and Welfare Minister Monique Bégin. The Master's and PhD level awards are part of an ongoing program intended to ensure that Canada continues to have a strong complement of skilled health scientists. Funds for the awards are made available through the department's National Health Research and Development Program (NHRDP).

Recipients of PhD fellowships are:

- Sandra Larmour and Stephen Hotz, for studies in psychology at the University of Ottawa; and
- Brent Vulcano, for studies in psychology at the University of Manitoba in Winnipeg.

Receiving Master's fellowships are:

- Michelle Cummins and Judith Barker, for research training in health studies at the University of Waterloo;

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- Alain Joyal, for studies in sociology at the Université de Montréal;

- Barbara Watkinson, towards a degree in psychology at Carleton University in Ottawa; and

- Dr. Judith Ellestad-Sayed, who will study the science of public health at the University of North Carolina. Dr. Ellestad-Sayed has already contributed to Canadian health through her research in the field of nutrition and this additional training will add to her potential as a Canadian health scientist.

The NHRDP supports scientific research and related activities designed to provide information needed by the department in issues related to the health care system, environmental health, the health consequences of human behaviour and the health status of selected populations. Ministerial approval of awards is based on recommendations arising from a process of peer review for scientific merit and a relevance assessment conducted by departmental officials.

Persons interested in obtaining information on the NHRDP may write to the National Health Research and Development Program, Department of National Health and Welfare, Ottawa, K1A 1B4.

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Ref.: Benoit Houle

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NEWS RELEASE

1982-119

October 18, 1982

A NEW METHOD TO STOP SMOKING

WINNIPEG - Do you want to quit smoking? Have you already tried without success? Or are you like so many others who have quit "hundred of times" without really ever becoming an ex-smoker?

Today Health and Welfare Canada, in cooperation with the Canadian Cancer Society, the Manitoba Department of Health and the Manitoba Inter-agency Council on Smoking and Health launched a pilot project throughout the province to encourage people, especially those in the 25- to 45-year-old age group, to stop smoking.

The program, "Time to Quit", has three components. The first is a self-help booklet to provide smokers with a selection of strategies to assist them in giving up smoking and staying non-smokers. The second is a three-part television series to encourage smokers to use the booklet while the third is a guide for community groups responsible for organizing the campaign locally.

...2

"Time to Quit" was designed by Health and Welfare Canada and the Canadian Cancer Society for adults who want to stop smoking and need help to do it successfully. Community involvement is critical to the success of the program. Local health agencies, community groups and volunteers work together to organize promotion of the program, airing of the television series and distribution of the self-help booklet to smokers.

The self-help booklet offers the would-be quitter "Three Steps to Breaking Free". During step one the smoker determines why he or she smokes and chooses a strategy for coping with the potential side-effects of stopping. The smoker also records the cigarettes smoked each day.

During the second step, which takes approximately two weeks, the smoker chooses a method for quitting: easing off slowly or going "cold turkey". The smoker also practises non-smoking activities in preparation for a life without cigarettes.

On the first day of step three, the smoker quits smoking. The non-smoking activities which the smoker has been practising are now used to conquer the urge to smoke and to remain a non-smoker.

The three half-hour television programs complement the self-help booklet and are entertaining as well as informative. The programs are being shown in Manitoba on November 1, 8 and 15. Self-help booklets are available in pharmacies and health units throughout the province.

Interested community groups, organizations and individuals may obtain more information on the "Time to Quit" program from the Health Promotion Directorate, Health and Welfare Canada, Ottawa K1A 1B4 (tel. 613-996-4505) or from the Canadian Cancer Society, 130 Bloor Street W., Room 1001, Toronto, M5S 2V7 (tel. 416-961-7223).

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Ref.: Benoit Houle
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NEWS RELEASE

1982-120

October 18, 1982

BATTERED WIVES ENCOURAGED TO SEEK HELP
-- MINISTER'S MESSAGE SENT WITH OCTOBER FAMILY ALLOWANCE CHEQUES

OTTAWA - Of the 3.5 million women receiving Family Allowance cheques this month, as many as 350,000 may be battered by their husbands or partners. A pamphlet on wife-battering being sent out with the October cheques encourages them to seek help.

"Women are suffering in silence because they don't know where to turn. Many of them are beaten while they are pregnant," says Health and Welfare Minister Monique Bégin. "We're reaching out to let them know that there are people in their own communities who can help."

The Minister's message says a woman can call police for protection in a crisis and can talk to others who can help her: a doctor, a social worker, a community health or emergency room nurse, a counsellor at a community crisis line, a member of the clergy.

Three other main points are made. Wife-battering is a widespread problem in Canada (an estimated 500,000 victims each year). Wife assault is a crime. (The man can be arrested and face charges in court). And wife-assault is rarely a one-time occurrence.

...2

The May 1982 report, Wife Battering, prepared by the House of Commons committee on Health, Welfare and Social Affairs recommended that more be done to help these women. There are now more than 150 transition houses to help battered women who want protection from violence, but these shelters cannot keep up with the demand. Some programs have also been set up to counsel men who batter their wives or partners.

For general information on wife-battering, the public may write to:

The National Clearinghouse on Family Violence
Attention Area C
Health and Welfare Canada
Ottawa, Ontario K1A 1B5

-30-

Ref.: Joan Eddis-Topolski
Tel.: (613) 995-8465

Publications

NEWS RELEASE

1982-128

November 3, 1982

AWARD TO HONOUR THÉRÈSE CASGRAIN

MONTREAL - Health and Welfare Minister Monique Bégin today announced the establishment of an award to honour the memory of Thérèse Casgrain which will underline the social commitment of dedicated Canadians and the quality of their voluntary work.

In announcing the award, the Minister emphasized the admiration she had for Senator Casgrain and for "the values which she represented and defended with such steadfastness in both her public and private life. It is important to carry on the work of this great Canadian and make sure that her efforts come to serve as an example to those who, like her, take stock of the telling gaps in our social fibre and seek to fill them."

Miss Bégin explained that the Thérèse Casgrain Award will be given annually to a Canadian man and woman "whose avant-garde spirit, social commitment and persistent endeavours have contributed significantly to the advancement of a social cause and the well-being of their fellow citizens".

...2

The announcement coincides with the first anniversary of Mrs. Casgrain's death. A model of the award itself, a replica of which will be presented to each recipient, was unveiled at a ceremony today. It is the work of Madeleine Dansereau and Louis-Jacques Suzor, jewellery artisans of Montreal. The honour will also include a sum of money donated by the private sector to be given to a charitable organization chosen by the recipient.

Mrs. Casgrain was born in Montreal and was active on many fronts. She was president of the Quebec New Democratic Party, national president of the Voice of Women, president of the Civil Liberties Union and president of the Consumers Association of Canada, Quebec section. She was named an officer of the Order of Canada in 1967 and a companion of the Order in 1974. In 1970 she was appointed to the Senate.

To be eligible for the Thérèse Casgrain Award a candidate must be a Canadian citizen involved in social action at the national level, one who has recognized a previously unnoticed problem or social need and had a strong influence in making others aware of it.

Award winners will be chosen by the Minister of National Health and Welfare on the recommendation of a national selection committee.

The first award ceremony will take place in the spring.

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Ref.: Benoit Houle
Tel.: (613) 995-8465 (Ottawa)

For more information about the Thérèse Casgrain Award contact:

Thérèse Casgrain Award
Public Affairs Directorate
Health and Welfare Canada
Ottawa, K1A 0K9
Telephone (613) 995-8452

NEWS RELEASE

1982-129
November 2, 1982

CURRENT STATUS OF IBT PESTICIDES

OTTAWA - Health and Welfare Minister Monique Bégin today issued an update on the current status of pesticides whose safety depends in part on studies carried out by the American firm Industrial Bio-Test Laboratories (IBT). Her department has been auditing the research reports of this company, which improperly conducted many of the health hazard studies it was contracted to undertake for manufacturers of pesticides.

There are now 54 pesticides that have been cleared of IBT concerns because either replacement studies for the invalid IBT work have been received or the IBT research has been found to be valid (see Appendix E).

Forty-three pesticides remain on the list of those registered for use in Canada for which either replacement studies have not been received or the audit process is not yet completed (see Appendix C). The regulatory recommendations passed to Agriculture Canada on these chemicals are summarized in Appendix A and include recommendations for warning labels or cancellation of certain pesticides.

The status of 16 pesticides not currently registered for use in Canada is outlined in Appendix D. As previously, Health and Welfare Canada will not agree to the use of any of these pesticides in Canada until they are cleared of IBT concerns.

"To ensure that my provincial colleagues are kept fully aware of the latest information available, I have advised them of our recommendations to Agriculture Canada, which is responsible for the registration of pesticides to be sold in Canada," said the Minister.

A detailed summary of the current status of all IBT pesticides is attached.

- 30 -

Ref. Jean Sattar
(613) 996-0446

APPENDIX A

REGULATORY RECOMMENDATIONS ON IBT PESTICIDES

Recommendations to Agriculture Canada as of September, 1982:

A. Inadequate Pivotal Data Base

Under these circumstances, the data base on pivotal (essential) studies is inadequate.

A.1. No replacement studies underway nor alternatives available

Under these circumstances the data on safety are insufficient to support continued registration of the chemical. Consequently, the recommendation to Agriculture Canada is to cancel registration of the following chemicals.

allidochlor
chlorbromuron

A.2. Replacement study(ies) underway but final decisions not possible until these studies are submitted

The recommendation to CDA is to require special warning labels on products containing these chemicals:

acephate
barban
captafol
carbofuran
chlorpropham
cyanurates
disulfoton
endosulfan
ethion
folpet
formetanate hydrochloride
methamidophos
methidathion
metobromuron
metolachlor
naled
oxydemeton-methyl
paraquat
picloram
propham
sodium chlorate
terbuthylazine
toxaphene
triallate

A.3. Audit and validation of IBT studies in progress:

The recommendation to CDA is to continue the current registration status pending a final decision on safety for the following chemicals:-

o-benzyl-p-chlorophenol
desmedipham
endothall
methyl isothiocyanate
metiram
nicotine sulphate
resmethrin
triclosan

Appendix A

B. Inadequate Non-Pivotal (Ancillary) Data Base

Under these circumstances the pivotal studies are adequate for decision making, but there are gaps in non-pivotal (ancillary) studies. The recommendation to CDA is to continue current registration pending future review.

bis(tributyltin)oxide	fensulfothion
cyanazine	glyphosate
diquat	prometryn
etridiazole	propargite

C. Status No Longer Depends on IBT Studies

This occurs when alternate or replacement studies have been submitted for all invalid pivotal and non-pivotal IBT studies. All such studies will require evaluation and no new uses or products will be accepted until evaluation has been completed. Under these circumstances, chemicals return to the normal evaluation procedures followed with pesticides and their status no longer depends on IBT studies. (see Appendix E).

D. Chemicals With Safety Concerns

Adverse effects on health or safety found in either IBT studies or in replacement studies. Under these circumstances CDA would be given specific recommendations on future status of the chemical. This occurred with captan, for example. The IBT data base on captan was invalid, but valid replacement or alternative studies indicated concern over carcinogenicity, mutagenicity and fetotoxicity.

APPENDIX B

VALIDATION SUMMARY - EXPLANATORY NOTES
(Revised August 3, 1982)

AUDIT AND VALIDATION

Audit and validation is the process of accounting for and assessing the quantity and quality of all original toxicological data and other information recorded at the time when a specific toxicological study was performed. The purpose of an audit is to substantiate the study report previously submitted to a regulatory agency. The audit and validation of a toxicological study is not a process of evaluating the scientific methodology and interpretation of a study. Thus, the designation "invalid" means that the submitted study report cannot be substantiated by original laboratory data, creating a data gap. "Invalid" does NOT mean that adverse effects have been demonstrated.

"Valid", on the other hand means that the submitted study report can be substantiated by original data. "Valid" does not necessarily indicate that the study meets present-day standards of toxicological methodology and interpretation. In the event of serious scientific deficiencies, registrants may be required to repeat some studies classified "valid".

DEGREE OF CONCERN: IBT STUDIES

Rating: 1 Major ("pivotal") studies such as chronic, 3-generation, teratology and neurotoxicity are invalid. For pesticides registered on a negligible residue basis, sub-chronic studies may be considered major. The data base would not be adequate to support registration if assessed as a new application for registration. The data base under consideration relates to existing registrations and does not reflect requirements for expansion of the use pattern. Compounds with major IBT involvement are further subdivided, based on the status of replacement studies.

- 1-I No intent to provide replacement or alternate studies has been indicated by the registrant. Recommendation: A1.

- 1-II Some pivotal studies are invalid, but the registrant has indicated the intent to provide replacements. Recommendation: A2.

- 1-III Some pivotal studies are invalid, but alternate or replacement studies are available. Recommendation: C.

- 1-IV Some pivotal studies were performed by IBT, but these have not yet been audited by HPB or EPA. These pivotal studies will be scheduled for audit as soon as possible. Recommendation: A3.

.../2

Appendix B

Rating: 2 Ancillary studies such as sub-chronic, metabolism, mutagenicity and cholinesterase inhibition are invalid. Replacements or alternatives may be required. Studies of this type would strengthen the data base and would usually be required to support a new application for registration. Recommendation: B.

Rating: 3 Minor studies such as acute and wildlife toxicology are invalid. Replacements or alternatives may be required. The invalid studies would not alter the overall conclusions as to the adequacy of the data package to demonstrate safety with respect to human health. Recommendation: B.

Rating: 4 Alternate or replacement studies have been submitted. It should be stressed that the identification of a suitable title on file does not necessarily indicate acceptability as a substitute for an invalid IBT study. Alternate and replacement studies will require evaluation on a case by case basis. Recommendation: C.

APPENDIX C

PESTICIDES REGISTERED FOR USE IN CANADA

CURRENT IBT STATUS AS OF SEPTEMBER, 1982:

	CSA COMMON NAME	TRADE NAME**	VALIDATION SUMMARY
1.	acephate	Orthene	1-II
2.	allidochlor	Randox	1-I
3.	barban	Carbyne	1-II
4.	o-benzyl-p-chlorophenol	Santophen One	1-IV
5.	bis(tributyltin)oxide	Butinox	3
6.	captafol	Difolatan	1-II
7.	captan	Captan	-*
8.	carbofuran	Furadan	1-II
9.	chlorbromuron	Maloran	1-I
10.	chlorpropham	CIPC	1-II
11.	cyanazine	Bladex	2
12.	cyanurates	Monosodium cyanurate	1-II
13.	desmedipham	Betanex	1-IV
14.	diquat	Reglone	3
15.	disulfoton	Di-Syston	1-II
16.	endosulfan	Thiodan	1-II
17.	endothall	Des-I-Cate	1-IV
18.	ethion	Ethion	1-II
19.	etridiazole	Truban	3
20.	fensulfothion	Dasanit	2
21.	folpet	Phaltan	1-II
22.	formetanate hydrochloride	Carzol	1-II
23.	glyphosate	Round-up	2
24.	methamidophos	Monitor	1-II
25.	methidathion	Supracide	1-II
26.	methyl isothiocyanate	Vorlex	1-IV
27.	metiram	Polyram	1-IV
28.	metobromuron	Patoran	1-II
29.	metolachlor	Dual	1-II
30.	naled	Dibrom	1-II
31.	nicotine sulphate	Nicotine	1-IV
32.	oxydemeton-methyl	Metasystox-R	1-II
33.	paraquat	Gramoxone	1-II
34.	picloram	Tordon	1-II
35.	prometryn	Gesagard	2
36.	propargite	Omite	3
37.	propham	IPC	1-II
38.	resmethrin	Synthrin	1-IV
39.	sodium chlorate	Atlacide	1-II
40.	terbuthylazine	Topogard	1-II
41.	toxaphene	Toxaphene	1-II
42.	triallate	Avadex BW	1-II
43.	triclosan	Irgasan DP 300	1-IV

(see footnotes on page 2)

Reference: CSA Standard Z143-1980

* Due to adverse effects reported in replacement studies, specific recommendations have already been made to Agriculture Canada.

** Only one trade name is given for identification purposes and should not be interpreted to mean that other trade name products are not involved.

NOTES:

1. The following chemicals have been removed from the above list because they are no longer registered for use in Canada, but are still listed in Appendix D:- cyprazine, phosphamidon.

2. The following compounds were removed from the above list because their status no longer depends on IBT studies (see Appendix E): alachlor, calcium hypochlorite, coumaphos, crotoxyphos, diazinon, dichlobenil, dinoseb, metribuzin, terbutryn, tetrachlorvinphos, tetradifon.

APPENDIX D

PESTICIDES NOT REGISTERED FOR USE IN CANADA

CURRENT IBT STATUS AS OF SEPTEMBER, 1982:

	CSA COMMON NAME	TRADE NAME*	VALIDATION SUMMARY
1.	bifenox	Modown	1-II
2.	binapacryl	Morocide	1-I
3.	cyprazine	Outfox	1-I
4.	dialifos	Torak	1-I
5.	3,6-dichloropicolinic acid	Lontrel	1-II
6.	dioxathion	Delnav	1-IV
7.	fenamiphos	Nemacur	1-II
8.	fentin hydroxide	Du-Ter	1-II
9.	monocrotophos	Azodrin	3
10.	d-phenothrin	Sumithrin	1-II
11.	phosphamidon	Dimecron	1-II
12.	profenofos	Selecron	1-II
13.	propachlor	Ramrod	1-IV
14.	**	Sodium Omadine	1-IV
15.	thiofanox	Dacamox	1-IV
16.	***	Troysan Polyphase	3

* Only one trade name is given for identification purposes and should not be interpreted to mean that other trade name products are not involved.

** Trade name for sodium 2-pyridinethiol 1-oxide

*** Trade name for 3-iodo-2-propynyl butyl carbamate.

NOTES:

1. The above chemicals have all either been proposed for use in Canada, were previously used in Canada or have residue limits established under the Food & Drug Regulations.

2. In the case of binapacryl and dialifos, Health & Welfare Canada propose to cancel existing residue limits listed in the Food & Drug Regulation because the manufacturers have not provided any assurance that adequate new safety studies would be undertaken.

3. For all of the chemicals listed above, Health & Welfare Canada would not consider any uses in Canada or establishment of any new residue limits until the status of these chemicals no longer depends on IBT studies.

4. Chemicals Nos. 3 and 11 have been added since these chemicals are no longer registered for use in Canada (previously listed in Appendix C). The following chemicals have been removed from the above list because their status no longer depends on IBT studies (see Appendix E): chlorobenzilate, diethatyl-ethyl, pendimethalin, Triadine.

5. A number of other pesticides, which are of no current interest and are not registered for use in Canada, have also had toxicity studies conducted by IBT. These include:- ametryn, bufencarb, diallate, dinitramine, edifenphos, ethiolate, glyphosine, noruron, methfuroxam, profluralin and sulfallate. No further reviews of these chemicals are considered necessary at this time.

APPENDIX E

CHEMICALS WHOSE STATUS NO LONGER DEPENDS ON IBT STUDIES AS OF SEPTEMBER, 1982:

CSA COMMON NAME (TRADE NAME*)	CSA COMMON NAME (TRADE NAME*)
1. acifluorfen (Blazer	28. merphos (Folex)
2. alachlor (Lasso)	29. methiocarb (Mesurol)
3. atrazine (AAtrex)	30. methomyl (Lannate)
4. Bacillus thuringiensis (Dipel)	31. methoprene (Altosid)
5. bromofenoxim (Faneron)	32. metribuzin (Sencor)
6. calcium hypochlorite (HTH)	33. naptalam (Alanap)
7. carbathiin (Vitavax)	34. naptalam & dinoseb (Dyanap)
8. chlordimeform (Fundal)	35. oxadiazon (Ronstar)
9. chlorobenzilate (Acaraben)	36. oxamyl (Vydate)
10. chlorothalonil (Bravo)	37. oxydimethiin (dimethipin) (Harvade)
11. chlorpyrifos (Dursban)	38. parathion (Penncap E)
12. chlorthal-dimethyl (Dacthal)	39. parathion-methyl (Penncap M)
13. coumaphos (Co-Ral)	40. pendimethalin (Prowl)
14. crotoxyphos (Ciodrin)	41. permethrin (Ambush)
15. daminozide (Alar)	42. phenmedipham (Betanal)
16. diazinon (Basudin)	43. prometon (Prometone)
17. dichlobenil (Casoran)	44. propetamphos (Safrotan)
18. dichlorvos (Vapona)	45. propoxur (Baygon)
19. diethatyl-ethyl (Antor)	46. pyrethrins (Sectrol)
20. difenzoquat (Avenge)	47. simazine (Princep)
21. dinoseb (Sinox)	48. TCMTB (Busan)
22. fenbutatin oxide (Vendex)	49. terbufos (Counter)
23. fenitrothion (Sumithion)	50. terbutryn (Topogard)
24. fenvalerate (Belmark)	51. tetrachlorvinphos (Rabon)
25. fosamine (Krenite)	52. tetradifon (Tedion)
26. hexazinone (Velpar)	53. **(Triadine)
27. mefluidide (Embark)	54. triclopyr (Garlon)

Reference: CSA Standard Z143-1980

* Only one trade name is given for identification purposes and should not be interpreted to mean that other trade name products are not involved.

** Trade name for mixture of 2-pyridinethiol 1-oxide and hexahydro-1,3,5-tris(2-hydroxyethyl)-s-triazine.

Notes:

1. IBT involvement for Compound No. 34 relates only to the formulated product given.

2. Chemical No. 1 was not previously listed as an IBT pesticide, but was added after learning of an IBT study. However, this study was subsequently determined to be valid.

NEWS RELEASE

1982-131
November 15, 1982

646 PERSONS FOR EVERY PHYSICIAN IN CANADA

OTTAWA - In 1980, there were 646 persons for every physician in Canada -- compared to 837 in 1970 -- according to the 1981 Canada Health Manpower Inventory released today by Health and Welfare Minister Monique Bégin.

The report shows that there has been a continuous annual increase in health personnel during the past decade. In 1980, there were 37,287 active civilian physicians in Canada (excluding interns and residents) while in 1970 there were 25,656.

British Columbia has the lowest population: physician ratio at 558:1 while the Northwest Territories has the highest at 1097 persons per physician.

This is the eleventh annual health manpower inventory published by Health and Welfare Canada. It is intended primarily to assist in health manpower research and planning. The data were obtained from Statistics Canada, national and provincial associations of various professional groups and societies, commercial organizations and educational institutions.

The inventory released today contains information on 27 health manpower categories, as well as sources of data and statistical tables covering the period from 1970 to 1980.

-30-

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Canada

Health and Welfare Canada
Santé et Bien-être social Canada

NEWS RELEASE

1982-135

November 17, 1982

RESEARCH FUNDS ADDRESS VARIETY OF HEALTH PROBLEMS

OTTAWA - The health of Canadians in all walks of life may benefit as the result of 15 research awards announced today by Health and Welfare Minister Monique Bégin.

The $888,349 in federal funds are available through the Department's National Health Research and Development Program (NHRDP).

The Minister has awarded $96,270 to Drs. Jean-Marc Brodeur, Paul Simard and André-Pierre Contandiopoulos, at the University of Montreal, to study the effectiveness of a weekly fluoride mouthwash in reducing cavities in children 10 to 12 years of age. The study will include an assessment of this mouthwash treatment in association with fluoridated water.

Estelle Mongeau, University of Montreal, receives $94,389 for research on the factors that influence our various individual levels of salt consumption. In general we consume considerably more salt than we need. In so doing, those who are genetically susceptible to hypertension run the risk of developing hypertension and its harmful consequences.

...2

People recovering from cancer count their reintegration into work and social settings as an important factor in restoring the quality of their lives. For a variety of reasons both personal and external, some cancer patients fare better than others in this respect. National Health Scientist Dr. Walter Spitzer of McGill University will devote a $143,425 award to research on the factors that influence reintegration and an evaluation of their impact, so that individuals can obtain better professional and other support in their efforts to rejoin their work and social groups.

People with Parkinson's disease can now expect to live 10 years longer or more because of advances in the medical treatment of the disease, but the disease progressively robs them of their physical abilities and daily living becomes harder and harder to manage. Dr. Serge Gauthier and Louise Gauthier are researchers at McGill University. Their $38,444 award will enable them to examine whether a group rehabilitation program using an occupational therapy approach and established drug treatment can improve the functional abilities of Parkinson's patients.

Asthma accounts for as many as three million doctor's visits and up to half a million lost work days each year in Canada. Drs. Henry Levison and Morris Milner, at the Ontario Crippled Children's Centre in Toronto, intend to investigate the value of techniques of self-regulation as means of controlling and counteracting bouts of asthma. They will study severely asthmatic children. Self-regulation, if successful, would be a better answer than the drugs now used. Drs. Levison and Milner receive $93,417.

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The factors that affect maternal responsiveness at all stages of first pregnancy and after the birth of the baby will be studied by Drs. Alison Fleming and Diane Ruble, University of Toronto, with a $57,000 award. They will attempt to relate what is learned from mothers' responses to observations of subsequent infant development.

For many of us, driving a car and the mobility it gives us is taken for granted. For those who are disabled, the opportunity to drive a car may depend on a carefully defined balance of their physical abilities and specialized adaptations of the car's control systems. Three Queen's University researchers, Dr. Judith Durance, Lynda Rankin, and Alois Van Eyken, will devote a $14,525 award to the design and development of a Driver Assessment Unit for disabled persons. It will provide crucial in-car assessments of muscle strength, reaction time and other key factors in the disabled driver's circumstances in order to determine the vehicle adaptations and driver training plan best suited to the individual.

A number of people who have been treated for chest pain think of themselves as disabled, even though their medical outlook is favorable. This may affect their approach to employment and to other routine daily activities, and lead to unnecessary use of medical services. Dr. Arthur Cott, at McMaster University in Hamilton, receives $102,657 for research to determine whether a behaviourally-oriented intervention program on both an individual and group basis, can reduce the degree of disability sensed and displayed by these people.

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Drs. Isaac Sakinofsky and Nancy Cochrane, also at McMaster University, receive $10,059 to test an intervention program for individuals at high risk of an attempted suicide. Suicidal persons demonstrate signs of having thinking patterns that are less flexible and less creative in their attempts to find solutions to problems and stresses. These characteristics will be assessed against those of a control group. The intervention program will examine ways in which suicide-prone individuals can practise greater flexibility in approaching their relationships and environment.

The federal government provides health care services to Native Canadians, and wants these services to be compatible with the social and psychological background of Native people, as well as with the physical environment of remote locations. Dr. David Conrath, of Waterloo University, will devote an $82,270 award for research on a comprehensive model of how all these factors contribute to the health of Native Canadians and their use of health care services.

Dr. Margery Forgay of the University of Manitoba, has been awarded $6,808 for the formulation of a research protocol to assess the demand and skill requirements for degree graduates in dental hygiene.

Dr. Donald Penner, at the General Hospital in Winnipeg, receives $14,000 for studies that will lead to the establishment of quality evaluation standards for diagnostic surgical pathology and cytopathology, two medical functions important to the accurate and best management of patients with various diseases, including cancer. Besides being useful in day- to-day diagnostic decisions, the quality evaluation standards will improve the education of professionals involved.

...5

Highlighting a strong personal commitment to find better ways to detect breast cancer, the Minister also announced a $72,784 study to be carried out by Drs. Ross Brown and Harvey Schipper at the St. Boniface General Hospital in Manitoba. They will determine the usefulness of a technique known as electronic diaphanography (E/DPG) in the detection of breast cancer. E/DPG involves a low-level light source which transmits light through the breast. The low level of the light can be detected by a highly sensitive camera that receives the illuminated image of the breast. The technique involves no side effects or other risks and may prove valuable as a complement to other detection methods, and in cases where other screening techniques are less effective.

How does your family doctor keep up with new diagnostic and treatment methods? In all likelihood he or she follows some program of continuing medical education. In the best interests of both doctor and patient these programs must be as effective as possible and available within reasonable time and cost limits. Dr. Oliver Laxdal, at the University of Sasktchewan in Saskatoon, receives $34,300 to develop, test and evaluate improved approaches to continuing medical education, with emphasis on the early detection and good management of cardiovascular disease and cancer.

An award of $10,000 goes to Dr. Max Miller at the University of Calgary, as a contribution to the costs of the 11th International Congress of Tropical Medicine and Malaria, which will be held in Calgary on September 16-22, 1984. Tropical diseases may not be a matter of daily concern to most Canadians,

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but the ease of world travel makes it important for medical professionals in this country to be able to recognize and treat the sudden appearance of an unusual tropical malady. In addition, Canada's commitment to world health includes bringing our best knowledge and skills to bear on the solution of health problems in other countries.

The National Health Research and Development Program supports scientific research and related activities designed to provide information needed by the Department on issues related to the health care system, environmental health, the health consequences of human behavior, and the health status of selected populations. Ministerial approval of awards is based on recommendations arising from a process of peer review for scientific merit, and a relevance assessment conducted by departmental officials.

Persons interested in obtaining information on the NHRDP may write to the National Health Research and Development Program, Department of National Health and Welfare, Ottawa, K1A 1B4.

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NEWS RELEASE

1982-~~45~~
December 29, 1982

1981 STATISTICS ON DRUG ABUSE

OTTAWA - Health and Welfare Minister Monique Bégin today released the Department's annual statistics on the illegal use of mood-modifying drugs in Canada for 1981. The statistics, contained in the publication Drug Users and Convictions Statistics, 1981, reflect arrests and convictions under the Narcotic Control Act and Parts III and IV of the Food and Drugs Act and drug-related offences under the Criminal Code of Canada.

The statistics show that the diversion of narcotic and controlled drugs from legitimate medical and scientific channels to the illicit market continues to be a pressing problem. Convictions involving opiates and opiate-like drugs commonly used in treatment, such as hydromorphone, hydrocodone, oxycodone, morphone and pethidine, while down from the 1980 total of 589, continue to pose serious problems, with 488 recorded in 1981.

The marked upward trend in LSD convictions established in 1978 stabilized in 1981; there were 1891 convictions in that year compared with 2003 in 1980. Convictions involving cocaine continued to increase, up 30 per cent from 823 in 1980 to 1076 in 1981. Cannabis convictions remained essentially stable during 1981, increasing 2 percent, from 39,937 in 1980 to 40,668 in 1981. Convictions involving heroin declined 27 per cent from 298 in 1980 to 217 in 1981.

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Data for the tabulations are obtained from reports submitted to the Department by law enforcement agencies up to the end of June of the current year. Figures are also included on persons who have come to the attention of the Department for any reason related to non-medical drug use and on thefts of mood-modifying drugs from pharmacies, doctors' offices and other sources during the year. In addition to presenting data for the calendar year 1981, the report includes updated statistics for the years 1977 to 1980.

Miss Bégin stressed that the statistics do not include all persons in Canada who might have used the drug concerned during 1981. "Furthermore," the Minister said, "the continued tendency for some individuals to use more than one drug makes it difficult to classify drug users by specific drug. The statistics nonetheless do provide useful information on trends in drug use and as such are of value in planning health programs."

Miss Bégin noted that the statistics clearly indicate that the use of psychoactive drugs for non-medical purposes remains a serious health and social concern in Canada.

Copies of the report are available upon request.

- 30 -

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NEWS RELEASE

1983-02

January 12, 1983

RESEARCHERS TO STUDY WHY ATHLETES MAY BE INFERTILE
AND OTHER HEALTH PROBLEMS WITH $1,453,954 IN FEDERAL FUNDS

OTTAWA - Are you a physically active woman? Do you plan to have children? You may not know that vigorous daily exercise has been associated with infertility due to imbalances in the body's reproductive hormones that can occur during physical training.

Dr. Arend Bonen, a researcher at Dalhousie University, Halifax, is about to undertake a study to determine the critical exercise threshold that prompts changes in the normal menstrual cycle and how the pattern of changes takes place. Dr. Bonen's work should lead to exercise guidelines that will permit women to stay active most of the time and still plan their children without difficulty.

Dr. Bonen's $160,323 study is one of 15 health research projects approved today by Health and Welfare Minister Monique Bégin, for a total of $1,453,954. The funds are available through her department's National Health Research and Development Program (NHRDP).

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Dr. J.C. McDonald, McGill University, receives $164,913 for research on the importance of type and size of inhaled mineral fibres as factors in the occurrence of cancer. He will also assess the extent to which all of us may have mineral fibres in our lungs. The work is of particular importance in helping to prevent cancer among miners, mill and other related workers, and may have some impact on us all.

McGill is also the research base of Anne-Marie Van daele. Her $22,455 research award will be used to evaluate the effectiveness of massage of the connective tissues in the legs and feet as a means of avoiding or delaying surgery in some cases involving arterial disease and as a complement to surgery in other cases to minimize the extent of surgical intervention and to promote healing.

A comprehensive study of the characteristics of the newborn to 21-year-old population with hearing impairments will be carried out by Dr. James MacDougall, at the Mackay Center for Deaf and Crippled Children in Montreal. The study will provide information on the presence and extent of other handicapping conditions and the availability of health and other special services to the group -- information essential for the effective planning of health and related services for deaf and hearing impaired children and young adults. Dr. MacDougall receives $155,999.

...3

Smoking among young Canadians has not decreased in a manner similar to that in adults. Two studies will address the question of adolescent smokers. Drs. Linda Pederson and Neville Lefcoe at the University of Western Ontario, London, will conduct a $29,710, 6-year follow-up of cigarette smoking among a group of children, now in high school, who have been studied from Grades 4-6, beginning in 1975. Their work will shed light on the developmental trends in smoking, on high-risk individuals, and on the process of initiation to smoking.

Adolescents who smoke will be compared to those who do not smoke to determine what other environmental factors or previous respiratory problems contribute to the development of long-term respiratory difficulties in a study conducted by Drs. Charles Goldsmith, Anthony Kerigan and David Pengelly at McMaster University in Hamilton. The team receives $196,204.

Cancer-causing substances (carcinogens) are often difficult to assess: what appears to be a health hazard in a laboratory culture (in vitro) cannot necessarily be said to pose a hazard in the human body (in vivo). The search for a safe and simple test that will bridge the gap between the lab specimen and the human being will be continued by Dr. Emmanuel Farber at the University of Toronto with a $96,904 award. Dr. Farber's research will examine the significance of a specific nutritional deficiency (choline, a body substance that prevents fat accumulation in the liver) as a means of testing in vivo the presence of carcinogens.

...4

Dr. Sandra Trehub, also at the University of Toronto, will devote a $116,300 award to study the course of development of complex hearing skills in both normal infants and those at risk of brain damage and hearing loss. The study will provide valuable information for the future evaluation of infants for risk to hearing and subsequent efforts to mediate the problem.

Auditory and visual development of children is also the subject of another study. Dr. Peter Fried at of Carleton University, Ottawa receives $53,326 to continue important research on the effects of alcohol, tobacco and marijuana use by pregnant women. Dr. Fried has found that marijuana use during pregnancy can affect the visual responsiveness of the baby. The new studies will attempt to determine how prolonged these effects are and whether marijuana use in early pregnancy constitutes a particular risk for the baby's vision.

If children endure isolation and rejection from their peers for a prolonged period (from year to year) do they fall behind their age-mates in the development of social and communication skills and self-worth? An answer to this question will be sought by Dr. Kenneth Rubin, University of Waterloo, with a $47,100 award.

Two other Waterloo researchers, Drs. Erik Woody and Roxanne Silver, receive $26,380 to examine the psychological basis for overeating leading to obesity and other eating disorders. They will develop a model of the overeating situation and conduct two experimental studies to test the model. The research has potential application in the design of health promotion strategies.

...5

Drs. Ronald Lees and Robert Steele are researchers at Queen's University in Kingston. They will apply $10,808 in research funds to a study to see if there is any association between the treatment of venereal disease with compounds containing arsenic and subsequent development of cancer of the prostate. The study will use existing health records to compare a group with cancer of the prostate with two control groups.

Self-monitoring by diabetes patients is a crucial element in their survival and well-being. Present monitoring for blood sugar levels involves assessment of a colour reaction when a pinprick of blood is put on a paper strip. The problems in this technique are various, and patients must be appropriately trained. An alternative approach will be tested by Dr. Henry Friesen at the University of Manitoba using a $116,594 award. The patient will collect a sequence of blood spots on a filter paper card which can be sent to a public health laboratory for blood extraction and analysis at low cost and high precision of assessment. If successful, this approach can be applied to other monitoring situations and other health problems such as kidney disease.

Dr. Morton Beiser, an NHRDP National Health Research Scholar at the University of British Columbia, receives $251,938 for an epidemiological study of mental disorder in Native children. Native children are at high risk of developing emotional disorders and academic difficulties. Dr. Beiser's study will address why this is the case and the extent to which these children suffer disorder compared to non-Native children. The study will also establish reliable standardized methods for assessing mental disorder and subsequent difficulties for use with Native children and will establish a vital base-line for planned research aimed at identifying the course of development of particular periods of risk that Native children will face.

...6

The Hospital for Sick Children in Toronto receives $5,000 toward the costs of an International Symposium on "Developmental Pharmacology". Many aspects of development in the field will be covered, but the emphasis of the symposium is on the study of drug therapy and toxicology in children.

The NHRDP supports scientific research and related activities designed to provide information needed by the Department on issues related to the health care system, environmental health, the health consequences of human behaviour and the health status of selected populations. Ministerial approval of awards is based on recommendations arising from a process of peer review for scientific merit and a relevance assessment conducted by departmental officials.

Persons interested in obtaining information on the NRHDP may write to the National Health Research and Development Program, Department of National Health and Welfare, Ottawa, K1A 1B4.

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NEWS RELEASE

1983-13

January 27, 1983

IMPROVED FAMILY DAY CARE OBJECT OF MANITOBA STUDY

OTTAWA - What is the best way to improve the quality of day care for young children being looked after in another home?

Drs. Lois M. Brockman and E. Lola Jackson, University of Manitoba, will begin to study the most effective child-related education/training methods for family day care providers using a $3,848 National Welfare Grant approved today by Health and Welfare Minister Monique Bégin.

The Winnipeg professors will try three methods of upgrading the skills of 48 licensed care-givers including some from rural Manitoba -- traditional information workshops, supervised "hands on" experience, and printed packages of information. After the courses, workers will visit the homes to see if any of these training methods improve in the long run such things as the responsiveness of the care-giver to subtle cues from children and the dynamics of the adult/child interactions. The study will also try to determine which method seems to be most cost effective.

...2

Forty per cent of children in licensed family day care in Manitoba are two years old or younger. Family day care is considered best for this age group but there are few training programs for infant and toddler care. Courses generally focus upon the pre-school child. In Manitoba, over half of the women with children under six work outside the home. The highest rate of return to work is for women with children under two and demand for family day care is expected to continue rising.

The situation is similar elsewhere in Canada and so the results of this study, expected to be published in December 1984, will be relevant across the country.

The National Welfare Grants program offers consultation and financial assistance to public and private organizations and to individuals in the Canadian social welfare field.

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NEWS RELEASE

1983-17

February 15, 1983

HEALTH STUDIES RECEIVE $655,453 FROM HEALTH AND WELFARE CANADA

OTTAWA - Health and Welfare Minister Monique Bégin today announced approval of 10 research awards totalling $655,453 through the National Health Research and Development Program (NHRDP) of her department.

Dr. Susan Goldberg, at the Hospital for Sick Children in Toronto, receives $85,090 for research on how the mother-child relationship can be better understood and supported in cases of developmentally delayed and mentally retarded children. Maternal care is a vital aspect of their development, but the relationship can be stressful for both mother and child to the detriment of both.

Dr. Magdalena Krondl, University of Toronto, receives $95,204 to evaluate the nature and extent of effects of medication taken by the elderly on their taste perceptions and thus their dietary preferences and behaviour.

...2

Dr. Howard Burton, University of Western Ontario, will analyse home dialysis treatment as an alternative to hospital care for kidney patients. He will use his grant of $58,975 to examine various home treatment methods.

An epidemiological study of hip and forearm fractures in women who have passed menopause is to be conducted by Dr. Nancy Kreiger, University of Toronto. Dr. Kreiger's $148,791 award will be used to investigate the role of diet (in particular, intake of calcium and fluoride) and physical activity as factors which may help women avoid such injury.

Native people are the focus of two studies to be carried out at the University of Manitoba. The first, to be conducted by Drs. Kiem Oen and Brian Postl with a $46,913 award, will seek to learn more about rheumatic diseases among the Inuit population. Little is now known beyond the fact that the incidence is high and that children and adolescents are particularly at risk. The information is vital for better prevention and treatment services. The second is a $13,275 award for the formulation of a comprehensive research project by Drs. Joseph Kaufert and William Koolage. They wish to investigate fully the role and functions of Native interpreters within the health care setting. Well-trained interpreters are essential for the quality of the patient's care and play a key role in providing health care that is culturally sensitive and responsive.

...3

A pilot study on the treatment of hypertension in older adults with arterio-athersclerosis will be carried out at the Institut de recherches cliniques in Montreal by Dr. Pierre Larochelle. The results of this $20,900 study will provide important foundation data for a planned major long-term clinical trial of treatment interventions for hypertensive patients.

Many patients who experience optic neuritis, a degenerative eye disorder, progress to multiple sclerosis. Some, however, do not and there may be some characteristic of the individual or the environment that lies behind the difference. Dr. Sharon Warren, at the University of Alberta in Edmonton, receives $73,205 to explore this issue. Very little has been done to date and Dr. Warren's research could yield important results for a reduction of the number of multiple sclerosis victims.

Drs. William Feldman and Stephen Corber are researchers at the Children's Hospital of Eastern Ontario in Ottawa concerned with health care for adolescents. They will use a $55,300 award to develop more definitive information on the health needs of adolescents and the perceived adequacy of health care services. The results may point to changes in existing services that would improve care, rationalize costs and serve as a model for other communities planning specialized adolescent services.

At the University of Waterloo, Dr. David Winter receives $17,800 to compare the results of therapists' clinical assessments of disorders that produce a limp or other noticeable walking problem with the assessments made in more technologically-based clinical settings. Both assessment approaches should benefit from a thorough understanding of aspects in which the two correlate well, or produce different results.

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The NHRDP supports scientific research and related activities designed to provide information needed by the Department, on issues related to the health care system, environmental health, the health consequences of human behaviour, and the health status of selected populations. Ministerial approval of awards is based on recommendations arising from a process of peer review for scientific merit, and a relevance assessment conducted by departmental officials.

Persons interested in obtaining information on the NHRDP may write to the National Health Research and Development Program, Department of National Health and Welfare, Ottawa, K1A 1B4.

-30-

Ref.: Benoit Houle

Tel.: (613) 995-8465

NEWS RELEASE

1983-18
February 15, 1983

16 SCIENTISTS RECEIVE FEDERAL FUNDING

OTTAWA - Sixteen Canadian health research scientists will share $572,941 in federal research funds Health and Welfare Minister Monique Bégin announced today. Their 10 research projects will be supported through the Department's National Health Research and Development Program (NHRDP).

Two projects are in the Atlantic region. Dr. James Wall, at Dalhousie University in Halifax, receives $22,997 to compare the effectiveness of various approaches to administering therapeutic exercise to partially paralyzed stroke victims to improve their walking ability. Home therapy and physiotherapy in an out-patient setting will be the focus of the comparions.

At the University of New Brunswick, Fredericton, Dr. Allan Sharp will investigate the impact of nuclear magnetic resonance imaging in the detection and monitoring of cancer, using newly developed techniques for greatly enhancing the resolution of images obtained. Such studies are important for ensuring that the application to health care of high and costly technology is managed as effectively as possible. He receives $64,900.

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Six Quebec-based researchers are included in the current award recipients. In a preventive health study at the University of Quebec in Trois-Rivières, Michèle Côté will receive a $15,205 award for initial research to be used as the basis for designing a day nursing care program for elderly persons living at home. Her research will be carried out in conjunction with established community health services in the Trois-Rivières region.

Two awards will be held at McGill University in Montreal. Drs. Simon Young, R.O. Pihl and Frank Ervin have been awarded $188,457 to investigate the relationship between diet and mood variations that may include aggressive behaviour. Their research will explore specific links that may exist among certain components of diet, the presence in the brain of biogenic amines, and psychological states. (Biogenic amines occur in many foods and some have been reported to have hallucinogenic effects.)

Dr. Beverley Pearson Murphy will carry out research on roundworm disease, a common parasitic problem. With $38,000 Dr. Murphy proposes to gain a better understanding of a perplexing problem: hormonal changes in the host individual may trigger a temporary interruption of the roundworm's growth cycle at which time the parasite is not vulnerable to treatment methods. More knowledge of this interrelationship will contribute to improved diagnosis and treatment.

Gilbert Drouin, a researcher at the Institut de Réadaptation in Montreal, receives $87,850 to develop a new method for assessing the effectiveness of treatment provided to people suffering paralysis on one side of the body, in order to reduce or reverse a frequent secondary problem, that of a partial dislocation of the lower shoulder (called subluxation). This problem inhibits recovery of function in the affected arm. Evaluation of the best treatment techniques is vital to effective care.

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Back injuries account for approximately 25 per cent of all compensation claims by Canadian industrial workers. Many of these injuries arise from repetitive lifting or carrying over a relatively short period. In one of three awards to Ontario researchers, $25,632 goes to Drs. Robert Webb and Brian Wilson at the University of Guelph for research on the role of intra-abdominal pressure and internal chest pressure in the occurrence of such injuries. It appears that repetitive heavy labour may cause a reduction in these pressures, making the body more vulnerable to spinal injury, hernia or other mishap.

Data collected from the Canada Health Survey continues to provide valuable research information. Drs. Randall Coates, Mary Jane Ashley and Paul Corey, at the University of Toronto, receive $24,610 for an analysis of survey data to assess the relationship between alcohol consumption and blood pressure. The study is expected to add to a growing body of evidence that alcohol consumption is a significant contributor to high blood pressure and the other health disorders that arise from the condition.

At the University of Ottawa, Dr. John Patrick receives $41,576 for research to determine the nutritional requirements -- specifically, energy, potassium and zinc -- for children with cystic fibrosis to promote their rapid "catch-up" growth. Growth failure is a major problem for these children and affects their resistance to infection and pulmonary function.

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St. Boniface Hospital in Winnipeg will be the location of a $63,714 project to be undertaken by Drs. Harvey Schipper and Martin Levitt. They will develop and validate a quality of life index specific to cancer patients which will permit health professionals treating them to assess the impact of treatments on the patient's day-to-day life. The patient's sense of social, personal and occupational well-being is a strong factor in the success of treatment, and conversely, treatment regimes should strive to maintain, not impair, the patient's sense of quality of life.

The NHRDP supports scientific research and related activities designed to provide information needed by the Department, on issues related to the health care system, environmental health, the health consequences of human behaviour, and the health status of selected populations. Ministerial approval of awards is based on recommendations arising from a process of peer review for scientific merit and a relevance assessment conducted by departmental officials.

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Ref.: Benoit Houle

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NEWS RELEASE

1983-24

February 25, 1983

HEALTH OF ELDERLY, CHILDREN AND DISABLED TO BE STUDIED WITH $1,348,757 IN FEDERAL FUNDS

OTTAWA - The elderly, children and disabled persons are the focal points of the latest group of research projects approved today by Health and Welfare Minister Monique Bégin.

In all, 23 Canadian health researchers will share a total of $1,348,575 in federal research funds made available through the National Health Research and Development Program (NHRDP).

Dr. Betty Havens at the University of Manitoba will receive $240,860 to study the needs of the elderly and near-elderly in Manitoba, and the resources available to meet those needs. The current study will provide vital follow-up information to that obtained from similar research carried out in 1971 and 1976. The three sets of data will yield a profile of aging that will be of great value to planners, policy makers and professionals in gerontology.

The First National Conference on Gerontological Nursing will be held in Victoria, B.C., June 7-10, 1983, with the assistance of a $5000 conference award. The conference is being organized by three University of Victoria health researchers: Dr. Dorothy Kergin, Marilyn Jackson and Elaine Mullen. Participants will examine the health care systems in which gerontological nursing is practised and will consider research and related issues intended to enhance the impact of the gerontological nurse.

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How some of those research issues could be addressed is the subject of a $5,848 formulation study to be carried out by Marie-France Thibaudeau and Joan Gilchrist as part of a joint University of Montreal/McGill University project on nursing research methodologies.

Several studies funded today concern the health of children and young adults. Dr. Céleste Johnston, at the Montreal Children's Hospital, receives $47,163 to explore the reasons why children who undergo surgery several times over a period of time develop behaviour problems and to assess approaches to behaviour therapy.

Dr. Barry Schneider, University of Ottawa, receives $77,182 to develop a comprehensive prevention program designed to improve the perceptual, cognitive and motor skills of children with behaviour and learning disorders. The work is intended to fill a gap that previous research on "normal" children has left.

For research on pain measurement and control in young children using psychological and physical medicine techniques, $85,140 goes to Dr. Patricia McGrath at the War Memorial Children's Hospital in London, Ontario. The focus of Dr. McGrath's research will be on young chilren undergoing aversive cancer treatment.

Dr. John Byles, McMaster University, Hamilton, receives $91,103 to evaluate a new diagnostic testing approach as a survey instrument to detect the prevalence of emotional and behavioural disorders in children. The proposed work complements direct behavioural research studies by seeking more reliable information on the population of children needing help.

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Dr. Serge Montplaisir at the Hôpital Sainte-Justine in Montreal will use an award of $122,977 for a comparative study of two active immunization schedules for hepatitis B virus in children of known chronic carriers of the disease, to determine which regimen of immunization during the child's early development is most effective in providing lasting protection and preventing the many health complications that could otherwise arise.

Drs. Tibor Heim and Robert Filler at the Hospital for Sick Children in Toronto receive $144,000 for a major investigation of the body's acquisition, deployment and regulation of essential fatty acids. Babies who are born prematurely, or who have experienced retarded growth in gestation, may be born with a deficiency of essential fatty acids vital to subsequent brain development. Ultimately early detection of this deficiency will play an important role in preventing retarded brain development. A thorough understanding of how the body manages essential fatty acids will aid the detection and treatment processes significantly.

The Minister highlighted two other studies that deal with the health legacy of childhood as we grow to adulthood. The first, to be carried out by Dr. John Wiebe, in London, examines the effects of lead on hormone and enzyme activity in young women entering puberty. The toxic effects of high doses of lead are well known, but little is known about the gradual consumption of lead, whether from the environment or from the mother during pregnancy and breast feeding. The metal's impact on reproductive ability is the focus of Dr. Wiebe's interest. He receives $75,840.

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The second is an examination of the factors in adolescence that contribute to what is known as the Type A behaviour pattern in adults: hard-driving, competitive and self-demanding behaviour closely associated with increased risk of heart attack. Quite a bit is known about adult Type A's, and various preventive programs are being researched. Dr. Ronald Schlegel at the University of Waterloo will use a $37,757 award in an effort to determine whether there are grounds in the adolescent background of Type A's to support the development of prevention programs addressed to individuals in their teen years.

Research on the causes, prevention and treatment of handicapping conditions continues to be active in Canada. In a $137,067 study, three researchers at Memorial University of Newfoundland -- Drs. John Bear, Avrum Richler and Robin Orr -- propose to investigate the role of genetic and environmental factors on the onset of refractive error. Refractive error is the chief cause of visual impairment, even blindness, and is a strong indicator of liability to other common vision-threatening disorders. A better understanding of the role of genetic predisposition and environment will lead to improved preventive and treatment measures.

At Queen's University, Dr. Judith Durance will receive a total of $110,745 for a demonstration/evaluation study of the use of modular sockets in the prosthetic fitting and rehabilitation of persons who have had below-the-knee amputation. Modular sockets are intended to provide to the amputee greater comfort and more natural restored abilities, and to the health care system, greater economy and timeliness by reducing the requirement for costly and lengthy fitting and re-fitting services.

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Drs. Robert Glueckauf and Sidney M. Dinsdale are researchers at the Royal Ottawa Rehabilitation Centre. With a $62,276 research award, they propose to tackle the complex problem of the social disadvantage that frequently attends persons with physical disabilities. A wheelchair, for example, may present a barrier in the minds of both the user and others, to communication and participation in social and community life, and can give rise to awkward social situations. Drs. Glueckauf and Dinsdale plan to approach the issue with a program of assertiveness training designed to alleviate the disabled person's social anxiety and enhance the individual's skills and opportunities for positive social interaction.

The final award announced today, $105,800, goes to Drs. Leebert Wright and Carl Breckenridge at the Wellesley Hospital in Toronto for the development of a definitive method for measuring serum cholesterol. Imprecision and inaccuracy impair the measurement of cholesterol in even the best of current clinical laboratory techniques. The result may be incorrect diagnosis or a delay in appropriate treatment for the variety of problems associated with cholesterol, including gallstones and arterial disorders. Drs. Wright and Brekenridge propose to refine one of the more definitive measurement methods (which involves a gas liquid chromatography, mass spectrometry using cholesterol treated with deuterium as an indicator) in an effort to produce levels of precision and accuracy sufficient to eliminate the present difficulties.

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The NHRDP supports scientific research and related activities designed to provide information needed by the Department on issues related to the health care system, environmental health, the health consequences of human behaviour, and the health status of selected populations. Ministerial approval of awards is based on recommendations arising from a process of peer review for scientific merit and a relevance assessment conducted by departmental officials.

Persons interested in obtaining information on the NHRDP may write to the National Health Research and Development Program, Department of National Health and Welfare, Ottawa K1A 1B4.

-30-

Ref.: Benoit Houle

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NEWS RELEASE

1983-26

March 7, 1983

NATIONAL DAY CARE FEDERATION PROPOSED

OTTAWA -- Health and Welfare Minister Monique Bégin today gave a boost to the day care movement in Canada.

She announced a National Welfare Grant of $25,000 towards expenses for a meeting March 11-13 in Toronto to discuss the establishment of a National Day Care Federation.

"There has been a rapid growth in day care but the unmet need is still staggering," the Minister said in making the announcement. "It's alarming when you see that less than 15 per cent of the preschool children of working mothers and single fathers are in licensed or regulated care."

Day care itself is a provincial government responsibility and all provinces now have either provincial or major day care associations. They feel the need to share their knowledge and to speak together on national concerns. The Association for Early Childhood Education, Ontario, has undertaken to initiate the work towards establishing a national network in collaboration with other associations.

"My department would like to see a national body that can speak out on such things as how to finance adequate day care, setting up standards and which kinds of day care work best," Miss Bégin said. "We need a national partner out there in the voluntary sector so that we can work together."

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During the past decade day care has become firmly established in every province and territory with a 600 per cent increase in available spaces. In 1971, there were 682 day care centres with 17,391 spaces in all of Canada, the majority of them in Ontario. Few provided care for infants (ie those under two years old). By 1982 there were 3,143 centres serving 109,595 children, including 9,500 spaces for infants. In addition, there were 14,427 registered family day care spaces.

Even so, only about five per cent of infants and 15 per cent of preschoolers are in licensed or regulated day care. Most young children are still being looked after through whatever personal arrangements their parents can make.

Delegates to the (2nd) Canadian Conference on Day Care in Winnipeg last September recognized the need for an organized network so that policies, concerns and other information can be shared. They said the time was ripe to consider a national federation. Such a group would be able to see that more widespread use is made of the material available from the National Day Care Information Centre of Health and Welfare Canada.

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Ref: Joan Eddis-Topolski

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NEWS RELEASE

1983-32

March 28, 1983

YOU MUST APPLY TO GET BENEFITS

OTTAWA -- In order to receive Family Allowances, the Old Age Security Pension, Canada Pension Plan or other pension benefits from the federal government, you must apply.

Parents, people nearing retirement age, recent widows or widowers, divorced people, the disabled, immigrants and others may be eligible for some of the financial benefits paid out under the Income Security Programs of the federal Department of Health and Welfare.

To help you find out if you are eligible and how to apply, Health and Welfare has just issued eight colourful, easy-to-read pamphlets. The key item in the package is "Are You Eligible?". It explains briefly who may qualify for the different benefits and how to get further information and application forms.

The pamphlets are available free of charge from the department's Income Security Programs offices in major centres across Canada. Addresses and telephone numbers are listed in local telephone directories.

The new publications are part of the government's continuing effort to see that all Canadians receive the benefits to which they are entitled.

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Ref: Joan Eddis-Topolski
Tel: (613) 995-8465

NEWS RELEASE

1983-33
March 28, 1983

HEALTH, SOCIAL SERVICE ORGANIZATIONS RECEIVE EXTRA $3.2 MILLION

GUELPH - Health and Welfare Minister Monique Bégin announced today that an additional $3.2 million will be available in 1983-84 for grants to national voluntary organizations. The grants provide sustaining funds for these organizations to cover some of their expenses for their national offices and to assist them in carrying out their national activities.

The increase in funding to $5.7 million in the coming fiscal year recognizes the growing demands on voluntary organizations and the need to provide a more stable source of funds for their national offices. The national organizations play a very important role in the development, coordination, and delivery of services by volunteers in virtually every community in Canada. Without them local and provincial agencies would lack a national and international voice and a forum for exchanging ideas, educating the public, and fostering research and prevention.

Two review committees -- one for the health groups and one for social service groups -- will be appointed to recommend how the funds should be allocated among the different organizations. Each committee will include members from the voluntary sector.

In 1982-83, 30 organizations received sustaining grants for their national offices totalling $2.5 million. Over the next four fiscal years the grants are expected to total approximately $25 million. The increase in these grants underlines the government's continuing commitment to the delivery of health and social services to all Canadians.

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Canada

Health and Welfare Canada
Santé et Bien-être social Canada

NEWS RELEASE

1983-37

April 12, 1983

NINE HEALTH RESEARCH PROJECTS

OTTAWA - Children and older Canadians are among the groups which stand to benefit from research agreements approved today by Health and Welfare Minister Monique Bégin. Nine projects in all were approved, with funding of $588,787 provided by the Department's National Health Research and Development Program.

Dr. Janet Strayer of Simon Fraser University in Burnaby, B.C., will receive $10,400 to study the interactions of parents and young children during episodes of emotional upset. It has long been thought that the coping mechanisms implicitly and explicitly taught in these exchanges influence coping behaviour in later years, and this project will test this theory by examining children's behaviour outside the home and away from their parents, in a pre-school nursery.

In Ottawa, Dr. Victor Blanchette of the Red Cross Blood Transfusion Service will receive $57,187 to develop a simplified method of collecting young red blood cells, called neocytes, and to evaluate these cells in the transfusion support of children with chronic anemias. If the technique works, it is expected to contribute to a longer life for these children, who currently live only until their mid-twenties.

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Dr. William Gekoski of Queen's University in Kingston, Ontario, receives $128,498 to study adjustment among older adults in relation to personality characteristics. The findings from this study are expected to assist in the determination of which individuals will require counselling to help them cope successfully with old age.

A project directed at women in their middle years will be undertaken at the University of Manitoba in Winnipeg. With an award of $176,990, Dr. Patricia Kaufert plans to study the influence of menopause on health and health behaviour, taking into account the impact of life events and stress as well as characteristics of a woman's social network.

Funds were also awarded for three projects to be undertaken at the University of Toronto:

* Drs. Michael Clandinin and Tibor Hein will receive $60,000 to study how specific fatty acids are metabolized in the human body. This work is expected ultimately to contribute to a better appreciation of human requirements for dietary fat.

* With $1,085, Dr. Lucy Lynn McIntyre plans to determine the prevalence of Blastomycosis among Canadian Indians of the Sioux Lookout region of northwestern Ontario. This disease, caused by inhaling fungal spores, can affect the lungs and other organs.

* Dr. Donald Lewis receives $25,025 to refine survey techniques and lay the groundwork for the evaluation of a comprehensive preventive dental strategy.

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In St. Catharines, Ontario, Dr. Mary Richardson of Brock University will use her award of $14,700 to develop a motorized variable-height wheelchair. By adding a propulsion unit to the variable height wheelchair developed at Brock, paraplegics who do not have full use of their arms will be able to approach and reach kitchen cabinets, shelves and the like, contributing to improved mobility at home and at work.

A group at McMaster University in Hamilton headed by Dr. Regina Browne was awarded $117,902 to study psychosocial adjustment among burn victims. The information gained will permit the group to develop and evaluate a burn rehabilitation program.

The NHRDP supports scientific research and related activities designed to provide information needed by the Department, on issues related to the health care system, environmental health, the health consequences of human behaviour, and the health status of selected populations. Ministerial approval of awards is based on recommendations arising from a process of peer review for scientific merit, and a relevance assessment conducted by departmental officials.

Persons interested in obtaining information on the NHRDP may write to the National Health Research and Development Program, Department of National Health and Welfare, Ottawa, K1A 1B4.

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Ref.: Benoit Houle

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NEWS RELEASE

1983-38

April 12, 1983

NATIONAL HEALTH RESEARCH AND DEVELOPMENT GRANTS TOTAL $522,238

OTTAWA - Health and Welfare Minister Monique Bégin today announced her approval of 12 funding agreements worth $522,238 for health research projects. The funds come from her department's National Health Research and Development Program which will award $16 million over the next 12 months for research into issues bearing on the health care system, environmental health hazards, health related behaviours and the health status of Canadians.

The newly-approved projects encompass the development and assessment of new health care technologies and the appraisal of health status, risk factors and morbidity trends.

Professors Robert Scott and Eric R. Gozna of the University of New Brunswick in Fredericton receive $7,083 to develop and assess an inexpensive means of recording and analysing shadow moire photographs. This technique, which uses polarized light to reveal subtle variations in shape, can be used to detect scoliosis (curvature of the spine). The current project builds on this technique to permit the monitoring of scoliotic patients over time without requiring them to undergo a series of x-ray examinations.

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At Laval University in Quebec City, Professor Robert Guidoin will use an award of $99,327 to collect and examine used artificial heart valves. This work will permit a wide variety of artificial valve types to be appraised as to their strengths and weaknesses and will determine whether some perform better than others.

In Vancouver, the University of British Columbia's Dr. Shirley Gillam will use her award of $120,000 to develop a subunit rubella vaccine using recombinant DNA technology. Rubella (German measles) is of considerable clinical importance because it can cause congenital malformations.

Georgette Desjean of the University of Montreal will receive $7,846 to develop a plan to analyze the behaviour of the chronically ill and their families. The underlying assumption is that even if certain chronic illnesses can be managed, those affected may not necessarily live happy or comfortable lives because of the nature of the illness itself, the care that is required or the beliefs of health care workers and society in general.

Ottawa University's Eileen French receives $6,303 to study the sleep patterns of elderly persons living in long-term care facilities. This research stems from the extensive use of sleeping medications in such facilities and the lack of awareness among nursing staff as to what are the particular needs of the individual patient with respect to sleep.

At the University of Toronto, Drs. Allan Detsky, Rena Ann Mendelson and Khursheed Jeejeebhoy, will use their $128,833 award to study a variety of nutritional assessment techniques for their ability to predict nutrition-associated complications during hospitalization. The results will ultimately be used in developing nutritional programs for hospitalized patients.

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At Montreal's McGill University, Dr. Susan MacKenzie will use her award of $45,272 to explore the problem of report bias in case-control studies. This research technique, which involves matching research subjects (cases) with others who are similar in all respects except for the factor being investigated (controls), is less expensive and less time-consuming than other research techniques, making it particularly well-suited to research involving rare or infrequent problems. However, these advantages would clearly be outweighed if bias were to be introduced as a result of poor memories on the part of the subjects, for example, or inconsistent interview techniques on the part of the researcher. This project will explore the problem in the context of a study of abnormal pregnancy outcomes.

Dr. Antonio Ciampi of the Ontario Cancer Institute in Toronto receives $65,830 to develop a methodology and computer programs for the analysis of survival data, to evaluate complex cancer treatments and programs.

In Hamilton, Dr. Martin Daly of McMaster University will receive $14,745 to collect information relating to child abuse and neglect by step-parents and natural parents. The insight gained will assist in the identification of parents at risk of abusing children and in the development of counselling programs.

The Fifth World Congress on Smoking and Health will take place in Winnipeg July 10-15, with the support of an award of $15,000 to The Canadian Council on Smoking and Health.

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Between April 27 and 29, Drs. Mark Ben-Aron, Stephen Hucker and Christopher Webster of Toronto's Clarke Institute of Psychiatry will use an award of $5,000 to host a symposium on clinical criminology. Among the issues to be discussed are violent and non-violent sexual abnormalities, and psychopathic and violence victimizing conditions.

Ministerial approval of NHRDP awards is based on recommendations arising from a process of peer review for scientific merit and a relevance assessment conducted by departmental officials. More information can be obtained by writing the Extramural Research Programs Directorate, Health and Welfare, Canada, Ottawa, K1A 1B4.

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Ref.: Benoit Houle

Tel.: (613) 995-8465

NEWS RELEASE

1983-42

April 27, 1983

EIGHT HEALTH RESEARCHERS SHARE $603,505 IN AWARDS

OTTAWA - Eight Canadian health researchers will share $603,505 in research career awards Health and Welfare Minister Monique Bégin announced today. The funds are available through the Department's National Health Research and Development Program (NHRDP).

NHRDP career awards include post-doctoral fellowships, the National Health Scholar award for health researchers who combine distinguished achievement and outstanding potential, and the National Health Scientist award for researchers whose achievements have gained them widespread and international recognition and prestige in their field.

The Minister named two individuals as National Health Scientists: Dr. R. Jay Turner at the University of Western Ontario in London; and Dr. Leslie L. Roos, at the University of Manitoba.

Dr. Turner is affiliated with the Health Care Research Unit and the Department of Sociology at Western. He will be carrying out research on the general effects of psychosocial factors on a number of illnesses, with particular attention to the interaction between social and personality variables and mental and physical health. Dr. Turner receives $108,275 for the first two years of his award.

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Dr. Roos is in the Departments of Business Administration and Social and Preventive Medicine at the University of Manitoba. Dr. Roos's primary research interest is in health care evaluation, particularly in the management of large data bases. His specific activities will focus on evaluation and data management in the area of rates of surgical procedure. He receives $100,225 for the first two years of his award.

Named as National Health Scholars are:

* Dr. Nancy Frasure-Smith, Department of Psychiatry at McGill University, Montreal. Dr. Frasure-Smith will carry out research on the psychosocial factors that prevent, or contribute to, impairment among patients and families affected by long-term medical or psychiatric problems. Dr. Frasure-Smith receives $88,955 for the first two years of her five-year award.

* Dr. Joanne Rovet, Department of Psychology at the Hospital for Sick Children in Toronto. With $85,735 for the first two years of support, Dr. Rovet will research psycho-endocrinological diseases, examining the psychological consequences of different endocrine disorders.

* Dr. Sharon Burke, in the School of Nursing at Queen's University, Kingston, Ontario. Dr. Burke's research activities are in the field of developmental delay in children. She will investigate the impact of coping abilities in children and their families who are exposed to stressful life situations, from the perspective of child development. The initial two-year award to Dr. Burke is $77,685.

...3

* Dr. Loraine Marrett, in the Division of Epidemiology and Statistics at the Ontario Cancer Treatment and Research Foundation, and in the Department of Preventive Medicine and Biostatistics at the University of Toronto. Dr. Marrett works in the field of cancer epidemiology. Her studies will include analysis of the large cancer incidence and mortality data base in Ontario. The initial two-year award to Dr. Marrett is $67,310.

Post-doctoral fellowships have been awarded to Dr. Janice L. Johnston and Dr. Nicole Lalonde. Dr. Johnston is carrying out research on energy metabolism and its influence on obesity, at Michigan State University for a two-year period. She receives $47,910. Dr. Lalonde, at the University of Montreal, is researching hearing impairments in children born to mothers who were exposed daily to industrial noise during pregnancy. Dr. Lalonde receives $27,410 for one year.

The Minister also announced an additional award of $3,820 for a short-term studentship to Margaret Matthews, who is in research training at the Department of Psychology at Dalhousie University in Halifax, under Dr. Susan Bryson. Miss Matthews is the last recipient of this fellowship, which is no longer being offered under the NHRDP.

Persons interested in obtaining information on the NHRDP may write to the National Health Research and Development Program, Department of National Health and Welfare, Ottawa, K1A 1B4.

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Ref.: Benoit Houle

Tel.: (613) 994-8465

NEWS RELEASE

1983-51

May 24, 1983

WORLD HEALTH ORGANIZATION FELLOWSHIPS

OTTAWA - The Department of National Health and Welfare today announced details of the annual World Health Organization (WHO) competition for fellowships for Canadian citizens wishing to undertake short-term studies abroad.

All health personnel in medical, paramedical and health related fields, including dentists and dental auxiliaries, veterinarians and veterinary assistants, engineers in the field of sanitary science, nutritionists, laboratory technologists, rehabilitation specialists as well as administrators and teachers in all of these fields are eligible to apply; those engaged in pure research, undergraduate and graduate university students are not.

Applicants for WHO fellowships will be rated by a Canadian Selection Committee on the basis of education, experience, field of activity, proposed area of study and the intended use of their newly acquired knowledge.

The final decision for the award of a fellowship, as well as the proposed areas of study rests with WHO.

Applications should be submitted before August 31, 1983. Further information and application forms can be obtained by writing to:

WHO Fellowships
Intergovernmental and International Affairs Branch
Department of National Health and Welfare
Brooke Claxton Building
Tunney's Pasture
OTTAWA, Ontario K1A 0K9

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Ref.: Benoit Houle (613) 995-8465 Également disponible en français

NEWS RELEASE

June 9, 1983

WELFARE FELLOWSHIPS AWARDED FOR 1983-84

OTTAWA - Health and Welfare Minister Monique Bégin today announced the awarding of National Welfare Fellowships to 18 Canadians.

The fellowships, granted through the National Welfare Grants program of the Department of National Health and Welfare, are intended to develop leadership potential in the teaching, research, policy planning, administration, and social work practice in the Canadian social welfare field. They are valued at approximately $12,000 each plus tuition and travel expenses and dependents' allowance.

A list of successful candidates follows.

Name	Hometown	University of study
Jane Aronson	Montreal	Toronto
Judy Avis	Fredericton	Purdue
Ralph Brown	Hamilton	UCLA
John Coates	London, Ont.	Toronto
Joan Harbison	Cambridge, Ont.	Toronto
Dennis Haubrich	Toronto	Toronto

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Name	Hometown	University of study
Theresa Jennissen	Montreal	McGill
JoAnne Jones	Calgary	Massachusetts
Madeline Lovell	Calgary	Washington
Beatrice Mah	Edmonton	Harvard
Duncan Matheson	Ottawa	Toronto
Janet Mays	Toronto	Toronto
Brenda Parris	Toronto	Toronto
Roxanne Power	St. John's	Toronto
Frank Tester	Calgary	Waikato, N.Z.
Wendy Thomson	Montreal	Bristol, U.K.
Doreen Winkler	Toronto	Toronto
M.K. Zapf	Whitehorse	Toronto

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NEWS RELEASE

1983-60

June 14, 1983

SEVEN CANADIAN RESEARCHERS RECEIVE CAREER SUPPORT

OTTAWA - Seven Canadian health researchers will receive career-related support in the latest awards announced today by Health and Welfare Minister Monique Bégin. They are provided through her department's National Health Research and Development Program and encourage achievement and excellence in the health research community.

In recognition of his distinguished achievements to date, and his potential for significant future contributions to health reearch, Dr. Brian Tansley of the Department of Psychology at Carleton University, Ottawa, has been named a National Health Research Scholar. Dr. Tansley is engaged in sensory-neuro-psychological research, and his award will permit him to work in depth on the application of computer-controlled systems to studies of vision and hearing. Dr. Tansley receives $79,295 for the first two years of his term as a Scholar.

Visiting National Health Scientist Awards go to Dr. William Marshall, of Memorial University, St. John's, to Dr. David Fish at the University of Manitoba, and to Dr. Nathan Keyfitz, of the Centre for Population Studies at Harvard University. This award provides the means by which a senior health researcher may spend a limited period of time engaged in the exchange of research ideas, skills and results with colleagues in other research centres in Canada or internationally.

...2

Dr. Marshall will devote his $10,615 award to collaboration with scientists at the Kinderpoliklinik of the University of Munich in the analysis of research data gathered for the 1984 International Histocompatibility Workshop and Conference to be held in Munich.

Dr. Fish will be a visiting scientist in the Department of Social and Preventive Medicine at the University of Sri Lanka for one year where he will continue the extensive research he has been conducting on cross-cultural considerations in the delivery of health care in remote locations. His studies have considerable significance for health care in northern Canadian communities and among Canada's native peoples. Dr. Fish receives $5,000.

Dr. Keyfitz will study for one year at the University of Toronto's Department of Preventive Medicine and Biostatistics, continuing his research on forecasting populations, and on the characteristics of illness and death in selected segments of the population at large.

Two-year postdoctoral fellowship awards have been made to:

* Dr. Geoffrey Anderson, Ottawa, for research and advanced studies in health policy analysis, at the RAND/UCLA Centre for Health Policy Study in Los Angeles -- $66,130.

* Dr. Theron Kue-Hing Young for research in relation to cancer, maternal and child health, demographic and epidemiological trends among native Canadians. Dr. Young will hold his $68,950 award at the University of Manitoba.

* Dr. Janice Ramsay of Edmonton, who receives $50,730 for research on the relationship of health-related behaviour and health beliefs to the decisions individuals make about compliance with treatment and other regimens prescribed by health practitioners. Dr. Ramsay will be located at the University of Alberta.

...3

The Minister also announced a research training award to Dr. David Burman of Toronto to pursue a doctoral degree in behavioural sciences at the University of Toronto under the direction of Dr. Peter New. Training awards are provided to outstanding candidates who wish to follow a career in health research in Canada.

Persons interested in obtaining information on the NHRDP may write to the National Health Research and Development Program, Department of National Health and Welfare, Ottawa, K1A 1B4.

-30-

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Santé et Bien-être social Canada | Health and Welfare Canada

cabinet du ministre
l'honorable Monique Bégin

Office of the Minister
The Honourable Monique Bégin

1983-62

June 15, 1983

NEW FUNDING FOR MEDICAL RESEARCH COUNCIL'S FIVE-YEAR PLAN

OTTAWA — A budget increase of $50 million to the Medical Research Council of Canada (MRC) over the next two years was announced today by the Honourable Monique Bégin, Minister of National Health and Welfare.

The Minister said that the Federal Cabinet had also endorsed in principle a five-year plan for the further development of the health research system in Canada.

MRC's research grants cover a wide range of activities from fundamental to applied and clinical research including, through clinical trials, methodologies for the evaluation of disease prevention and treatment procedures. Also, research contributes new approaches for the application of the latest technological advances to human health.

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The 1983-84 budget will therefore increase from the $117,563,000 already announced to $137,563,000 (a 17 per cent increase); $147,563,000 will be available for 1984-85 (a 7.2 per cent increase).

"The five-year plan takes into account the roles and views of MRC, other federal departments and agencies, provincial agencies, voluntary organizations, private foundations, health science faculties, the health professional community, and the professional associations," said Miss Bégin. "For example, the Canadian Medical Association, a prime mover in the establishment in 1938 of the Associate Committee on Medical Research of the National Research Council (the precursor of MRC), has pledged the fullest support of its members for the plan, as has the Association of Universities and Colleges of Canada.

At its meeting on June 22-24 in Calgary, Council will decide on the specific allocations of the new resources. MRC places especially high priority on the training and development of highly qualified research personnel at all levels.

"Two-thirds of the funds allocated to MRC," said Miss Bégin, "are used directly in training and employment of research personnel. More promising young physicians, pharmacists, dentists and other scientists are seeking Council support for part or all their research training. They carry on the tradition of excellence in research and practice that guarantees Canadians a high standard of health care." In 1981, Council funds provided salary support for 1,138 research trainees, 1,951 technicians and 475 summer students.

-30-

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NEWS RELEASE

1983-67

June 28, 1983

CANADIAN RED CROSS TO RECEIVE $961,847 IN FEDERAL RESEARCH FUNDS

OTTAWA - Health and Welfare Minister Monique Bégin announced today that the Canadian Red Cross will receive a total of $961,847 in federal research funds for five projects. The funds have been made available through the Department's National Health Research and Development Program (NHRDP).

Heading the research is Dr. Gail A. Rock, Medical Director of the Canadian Red Cross Transfusion Service, in Ottawa. She and her colleagues will undertake the following studies:

- An investigation of the role of plasma exchange in the treatment of patients with immune thrombocytopenia (ITP) who do not respond to treatment with steroid hormones. ITP is a condition which results in a steady -- eventually fatal -- decrease in the number of platelets in the blood. Plasma exchange involves removing plasma from a patient and replacing it with plasma from a donor. Treatment with steroids is not without hazardous secondary effects, which plasma exchange may avoid. In addition, the potential effectiveness of plasma exchange must be evaluated against its cost, and against the high demand for plasma in the treatment of other health problems.

...2

- The development of improved procedures for the production of Factor VIII, a blood component extracted from whole blood and used in the treatment of hemophilia. With current technology it is possible to extract about one-fifth of the Factor VIII present in whole blood. The proposed procedure, if successful, would increase the yield to as much as 80 per cent, and would produce a concentrate of higher purity than is currently available. The competing demands for blood are a key factor in this project's importance, as is the potential for treating a larger number of hemophiliacs with the same supply base.

- Related to Factor VIII production is a project intended to develop a much more sensitive and reliable method for testing the clotting activity of Factor VIII. The most successful current test method involves the use of an immunoradiometric assay (radio-active marker) using naturally acquired inhibitors of Factor VIII activity from blood plasma. These are very difficult to obtain and are available only in small quantity. Dr. Rock and her co-workers will attempt to produce a single (monoclonal) antibody which is specific for the Factor VIII clotting antigen. Once this is done, the ability to generate a large supply of these inhibiting antibodies, together with the ease of their detection by immunoradiometric assay, should make possible the wide scale use of this method.

- Blood platelets for use in transfusions are now stored in plasma, and have a maximum storage life of 3 days. Research will be conducted to combine a variety of known, but isolated,

...3

factors that may be able to extend platelet storage life to 5 days. The impact of such an improvement would be significant in terms of the demands on the Canadian blood donor system.

- Plastic products for holding blood used in transfusions and related treatment contain plasticizers which can leach into the blood that is stored in, or passes through them. The nature and extent of leaching, and the hazards it may pose, are not completely known. An investigation of this issue will be undertaken with several plastic blood storage bags in general use, focussing on the metabolic action of two particular plasticizers. The knowledge gained from this work will have an impact on both patients and healthy blood donors who donate blood components through pheresis.

In announcing these awards the Minister paid tribute to the extensive service and research contribution to the health of Canadians made by the Canadian Red Cross, and encouraged Canadians everywhere to support the vital Red Cross blood donor system.

The NHRDP supports scientific research and related activities designed to provide information needed by the Department, on issues related to the health care system, environmental health, the health consequences of human behaviour, and the health status of selected populations. Ministerial approval of awards is based on recommendations arising from a process of peer review for scientific merit, and a relevance assessment conducted by departmental officials.

Persons interested in obtaining information on the NHRDP may write to the National Health Research and Development Program, Department of National Health and Welfare, Ottawa, K1A 1B4.

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NEWS RELEASE

1983-78

August 2, 1983

SOCIAL WORKERS FROM CANADA AND ABROAD PLAN MONTREAL CONFERENCES IN 1984

OTTAWA -- Three Canadian organizations involved in social work and social development will receive a total of $59,000 in federal funds for three international conferences to be held in Montreal next summer, Health and Welfare Minister Monique Bégin announced today.

"This will be a timely opportunity to let the world know -- and Canadians too -- what Canada is doing in the social welfare field both at home and abroad," Miss Bégin said in announcing the grants.

The 22nd International Congress of Schools of Social Work will be held at the Palais des Congrès in Montreal July 31 to August 4, 1984. It will take place in conjunction with the 22nd International Conference on Social Welfare (August 5-11) and the 8th International Symposium of the International Federation of Social Workers (July 31 - August 4).

The Canadian co-sponsors of the conferences are The International Council on Social Welfare -- Canada ($32,000 grant), the Canadian Association of Schools of Social Work ($15,000), and the Canadian Association of Social Workers ($12,800).

...2

Most of the money will go towards preparing and publishing studies of Canadian contributions to social work and social development for dissemination to the international delegates. Study visits and seminars for international delegates before and after the conferences are also being planned at different social service settings and universities across Canada.

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NEWS RELEASE

1983-79

August 2, 1983

SCHOOLS OF SOCIAL WORK RECEIVE $73,644 IN GRANTS FOR RESEARCH

OTTAWA-- Researchers at the Schools of Social Work in three universities will receive a total of $73,644 in National Welfare Grants, Health and Welfare Minister Monique Bégin announced today.

They will study teenage pregnancy rates, non-family support networks for juvenile delinquents, the lifestyle of Quebec workers and seniors' advocacy groups.

Maureen Jessop Orton of McMaster University receives $12,065 to complete an overview of adolescent pregnancy rates in Ontario from 1975 to 1981. The study will look at the relationship between the number of teenage pregnancies and preventive programs such as human sexuality/family life courses in schools and public health family planning services.

Claude Brodeur, University of Montreal, will use a grant of $30,503 to study how a new strategy called network intervention can assist juvenile delinquents to stay out of trouble.

The effect of working conditions on the family life of Quebec workers will be studied by Jean Panet-Raymond, also at the University of Montreal. With a grant of $15,000 he will research how the deterioration of work opportunities has affected the family life of wage-earners over the last five years.

C.G. Gifford of Dalhousie University receives $16,076 to study how effective our seniors' organizations are as advocacy groups compared to those in Europe.

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NEWS RELEASE

1983-80

August 15, 1983

NATIONAL ADVISORY COMMITTEE ON ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) FORMED

OTTAWA -- Health and Welfare Minister Monique Bégin today announced the creation of a National Advisory Committee on Acquired Immune Deficiency Syndrome (AIDS) to advise her on the appropriate action and initiatives to combat AIDS in Canada.

Since the first report of a Canadian AIDS case was received by Health and Welfare Canada, over 30 additional cases have been identified in widespread parts of the country; 20 victims have died. Information on proven and suspected cases is being sought by local, provincial and federal health departments.

The advisory committee will consist of a number of physicians and scientists drawn from the various disciplines now involved in the diagnosis, treatment and investigation of AIDS patients, as well as a representative from the Canadian Red Cross Blood Transfusion Service. Invited to participate are consultants from the fields of infectious disease, microbiology, immunology, public health and epidemiology.

The committee will provide a national resource base for information and coordinated activities through its interaction with provincial advisory committees and health departments, as well as with other AIDS study groups.

List of members is attached.

-30-

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MEMBERSHIP - NATIONAL ADVISORY COMMITTEE ON AIDS

Dr. Jacqueline Carlson
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Dr. Raymond Duperval
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Dr. Mary Fanning
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Dr. Kathleen Givan
Head, Department of Microbiology
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Dr. Jean-Marie Dupuy
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Dr. Colin Soskolne
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OCTRF Research Unit
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NEWS RELEASE

1983-85

August 31, 1983

$30,000 TO STUDY NEEDS OF CHILDREN WITH EMOTIONAL AND LEARNING DISORDERS

OTTAWA -- What progress has there been since 1970 in meeting the needs of children with emotional and learning disorders?

That is what the Canadian Council on Children and Youth (CCCY) aims to study with its grant of $30,000 announced today by Health and Welfare Minister Monique Bégin.

A report in 1970 by the Commission on Emotional and Learning Disorders in Children (CELDIC) assessed what was being done then to help these children and made 144 recommendations for improvements. The CELDIC report has become the Canadian "textbook" on these disorders but now needs to be updated.

No follow-up research has yet been done on the CELDIC recommendations and the CCCY would like to find out how many of the recommendations have been implemented and by whom. The Council intends to create a computerized data base that will function as a "report card" on the CELDIC recommendations. This project will be of interest to parents, teachers, lawyers, child care workers, mental health workers, health care professionals and legislators.

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NEWS RELEASE

1983-87

August 31, 1983

GRANTS FOR HISTORIES OF SOCIAL WORK IN CANADA

OTTAWA--Two projects to explore the history of social work in Canada are receiving a total of $82,360 in National Welfare Grants, Health and Welfare Minister Monique Bégin announced today.

The Canadian Association of Social Workers based in Ottawa has been awarded $75,000 for an oral history project. Karen Hill, the principal investigator, will work with the provincial associations of social workers to record interviews with 50 pioneers who practised what is now called social work. This will include policy, administration, community development and direct practice. After the history is ready for printing, audio and video presentations will be prepared. The original material will be kept as archives for researchers in social policy, political science, history and other fields.

The Department of Social Work at the Université du Québec à Montréal receives $7,360 to lay the groundwork for a study of social work in the ethnic milieu. The study will begin with the history of social work among the ethnic population. The researchers will then analyze how immigrants use such services today and how the social service agencies respond to these needs.

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NEWS RELEASE

1983-86

August 31, 1983

$155,976 FOR STUDY OF WAYS TO HELP WOMEN WHO WERE CHILDHOOD VICTIMS OF SEXUAL ABUSE

OTTAWA -- Women who were sexually victimized as children may have adjustment problems as adults.

Using a grant of $155,976 announced today by Health and Welfare Minister Monique Bégin, the Sexual Dysfunction Clinic of the School of Social Work at the University of Manitoba will seek ways of understanding the kinds of adjustment problems these women face as adults and ways of alleviating these problems.

Approximately 14 per cent of young girls and adolescents are estimated to have undergone sexual encounters with males much older than themselves. Some continue to suffer from anxiety, guilt, depression and low self esteem resulting from such experiences.

The expertise developed in the Winnipeg clinic over the next three years will guide other professionals helping "survivors" of sexual abuse to establish and maintain an intimate relationship with a man.

National Welfare Grants enable professionals and concerned individuals to explore and demonstrate innovative ways of improving social services and self-help activities for Canadians.

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Canada

Health and Welfare Canada
Santé et Bien-être social Canada

NEWS RELEASE

1983-88

August 31, 1983

HOMEMAKER COUNCIL RECEIVES $273,416

OTTAWA --Those who can't do everything for themselves are still best off at home whenever possible.

And more and more homemakers are making it possible.

Today Health and Welfare Minister Monique Bégin announced a $273,416 three year contribution to the fledgling Toronto - based Canadian Council on Homemaker Services (CCHS) formed in 1980.

The delivery of homemaker services is a growing industry. Over 500 agencies -- public, private and commercial -- with over 1,000 administrative and supervisory staff already employ more than 19,000 homemakers, according to a CCHS survey in 1982 carried out with a previous grant from Health and Welfare Canada. Many of these agencies started only in the past few years.

"Putting people in institutions, away from their loved ones, should be the last resort," the Minister said. "Our goal is to support them and their families so that they can stay in their own homes. Homemaker services are the key to making this possible."

The contribution to this national voluntary organization will enable it to develop and promote basic standards of care, quality of service and training.

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Visiting homemakers do tasks associated with taking care of people so that they can live independently in the comfort of their own home. They help everyone from the newborn to the very old by supplying practical, emotional and educational help to meet specific needs and to encourage the maximum possible independence.

Families under stress, such as single parent families (ie. more than 10 per cent of all Canadian families), often need support services as do families keeping disabled and dying children and adults at home. About 10 per cent of those over 65 also need home support services. The number of elderly people needing such support is expected to rise as our population ages.

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NEWS RELEASE

1983-100

October 14, 1983

UPDATE ON IBT PESTICIDES

OTTAWA - Health and Welfare Minister Monique Bégin today issued a status report on her department's review of safety studies on pesticides which were conducted by the American firm Industrial Bio-Test Laboratories (IBT). This company improperly conducted many of the safety studies it had undertaken on behalf of pesticide manufacturers.

"All the studies originally done by IBT have been audited," said the Minister. "My officials are now evaluating the new studies that they have asked manufacturers to submit as replacements for IBT studies found to be invalid."

For 65 pesticides of the 113 under review, satisfactory alternate or replacement studies have been submitted for all invalid IBT studies. Under these circumstances the chemicals return to the normal evaluation procedures followed with all pesticides. New uses or extensions of use will be considered for these chemicals only when evaluation of all available safety data has been completed.

Only 33 pesticides used in Canada are still of IBT concern because the replacement studies requested have not yet been received. These are identified in Appendix C (attached) and the recommendations made to Agriculture Canada on these chemicals (summarized in Appendix A) include cancellation of two pesticides and the requirement for special warning labels on 22 others. The status of seven other pesticides which remain on the IBT list but are not currently registered for use in Canada is given in Appendix D.

If adverse effects on health are found in any of the replacement studies, specific recommendations on the status of the chemical concerned will be brought to the attention of Agriculture Canada, provincial governments and other interested parties.

To date, in addition to the cancellation recommendations identified in Appendix A, Health and Welfare Canada has recommended registration cancellation of dinitramine (Cobex), cyprazine (Outfox), phosphamidon (Dimecron) and chlorbromuron (Maloran).

- 30 -

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APPENDIX A

REGULATORY RECOMMENDATIONS ON IBT PESTICIDES

Recommendations to Agriculture Canada as of September, 1983:

A. Inadequate Pivotal Data Base

Under these circumstances, the data base on pivotal (essential) studies is inadequate.

A.1. No replacement studies underway nor alternatives available

Under these circumstances the data on safety are insufficient to support continued registration of the chemical. Consequently, the recommendation to Agriculture Canada is to cancel registration of the following chemicals:

allidochlor
toxaphene

A.2. Replacement study(ies) underway but final decisions not possible until these studies are submitted

The recommendation to Agriculture Canada is to require special warning labels on products containing these chemicals:

acephate
barban
o-benzyl-p-chlorophenol
captafol
cyanurates
desmedipham
disulfoton
endosulfan
ethion
folpet
formetanate hydrochloride
methamidophos
methidathion
metobromuron
metolachlor
naled
oxydemeton-methyl
paraquat
picloram
terbuthylazine
triallate
triclosan

B. Inadequate Non-Pivotal (Ancillary) Data Base

Under these circumstances the pivotal studies are adequate for decision making, but there are gaps in non-pivotal (ancillary) studies. The recommendation to Agriculture Canada is to continue current registrations pending future review.

carbofuran
cyanazine
diquat
endothall
etridiazole
glyphosate
metiram
nicotine sulphate
prometryn

****

.../2

APPENDIX A

Pesticides Whose Status No Longer Depends on IBT Studies

For many pesticides satisfactory alternate or replacement studies have now been submitted for all invalid IBT studies. Under these circumstances the chemicals return to the normal evaluation procedures followed with all pesticides. New uses or extension of uses will be considered for these chemicals when evaluation of all available safety data has been completed.

If adverse effects on health or safety are found in the replacement studies, specific recommendations on the future status of the chemical concerned are brought to the attention of Agriculture Canada, officials in Provincial Departments of Health and other interested parties. This occurred, for example, with captan. Although replacement studies are now available for all invalid IBT studies on captan, and it is no longer of concern in relation to IBT, adverse effects were reported in chronic mouse studies and recommendations respecting its registration status were made to Agriculture Canada. As a result, reductions in uses and maximum residue limits for captan in foods have been effected. Additional data are currently being generated by the manufacturers in order to respond to a number of unresolved issues respecting the safety of captan. A final assessment and position on future uses of captan will be undertaken upon receipt of all the additional data.

The evaluation of new toxicological studies which have been submitted by manufacturers to replace invalid IBT studies is proceeding on a priority basis.

APPENDIX B

VALIDATION SUMMARY - EXPLANATORY NOTES
(Revised August 3, 1983)

AUDIT AND VALIDATION

Audit and validation is the process of accounting for and assessing the quantity and quality of all original toxicological data and other information recorded at the time when a specific toxicological study was performed. The purpose of an audit is to substantiate the study report previously submitted to a regulatory agency. The audit and validation of a toxicological study is not a process of evaluating the scientific methodology and interpretation of a study. Thus, the designation "invalid" means that the submitted study report cannot be substantiated by original laboratory data, creating a data gap. "Invalid" does NOT mean that adverse effects have been demonstrated.

"Valid", on the other hand means that the submitted study report can be substantiated by original data. "Valid" does not necessarily indicate that the study meets present-day standards of toxicological methodology and interpretation. In the event of serious scientific deficiencies, registrants may be required to repeat some studies classified "valid".

DEGREE OF CONCERN: IBT STUDIES

Rating: 1. Major pivotal studies such as chronic, 3-generation, teratology and neurotoxicity are invalid. For pesticides registered on a negligible residue basis, sub-chronic studies may be considered major. The data base would not be adequate to support registration if assessed as a new application for registration. The data base under consideration relates to existing registrations and does not reflect requirements for expansion of the use pattern. Compounds with major IBT involvement are further subdivided, based on the status of replacement studies.

1-I No intent to provide replacement or alternate studies has been indicated by the registrant. Recommendation: A1.

1-II Some pivotal studies are invalid, but the registrant has indicated the intent to provide replacements. Recommendation: A2.

Rating: 2. Non-pivotal studies such as acute, sub-chronic, metabolism, mutagenicity, wildlife toxicology and cholinesterase inhibition are invalid. Replacements or alternatives may be required. Studies of this type would strengthen the data base and would usually be required to support a new application for registration. Recommendation B.

APPENDIX C

PESTICIDES REGISTERED FOR USE IN CANADA - REPLACEMENT STUDIES NOT RECEIVED

CURRENT IBT STATUS AS OF SEPTEMBER, 1983:

	CSA COMMON NAME	OTHER NAMES	DEGREE OF CONCERN (see Appendix B)
1.	acephate	Orthene	1-II
2.	allidochlor	Randox	1-I
3.	barban	Carbyne	1-II
4.	o-benzyl-p-chlorophenol	Santophen One	1-II
5.	captafol	Difolatan	1-II
6.	carbofuran	Furadan	2
7.	cyanazine	Bladex	2
8.	cyanurates	Monosodium cyanurate	1-II
9.	desmedipham	Betanex	1-II
10.	diquat	Reglone	2
11.	disulfoton	Di-Syston	1-II
12.	endosulfan	Thiodan	1-II
13.	endothall	Des-I-Cate	2
14.	ethion	Ethion	1-II
15.	etridiazole	Truban	2
16.	folpet	Phaltan	1-II
17.	formetanate hydrochloride	Carzol	1-II
18.	glyphosate	Round-up	2
19.	methamidophos	Monitor	1-II
20.	methidathion	Supracide	1-II
21.	metiram	Polyram	2
22.	metobromuron	Patoran	1-II
23.	metolachlor	Dual	1-II
24.	naled	Dibrom	1-II
25.	nicotine sulphate	Nicotine	2
26.	oxydemeton-methyl	Metasystox-R	1-II
27.	paraquat	Gramoxone	1-II
28.	picloram	Tordon	1-II
29.	prometryn	Gesagard	2
30.	terbuthylazine	Topogard	1-II
31.	toxaphene	Toxaphene	1-I
32.	triallate	Avadex BW	1-II
33.	triclosan	Irgasan DP 300	1-II

Reference: CSA Standard Z143-1980 and Supplement No. 1-1982

Notes:

The following chemicals have been removed from Appendix C given in News Release 1982-129 of November 2, 1982 because

1. they are no longer registered for use in Canada, but are still listed in Appendix D, footnote 3: chlorbromuron, propham.

2. their status no longer depends on IBT studies: bis(tributyltin) oxide, captan, chlorpropham, fensulfothion, methyl isothiocyanate, propargite, resmethrin, sodium chlorate.

APPENDIX D

PESTICIDES NOT REGISTERED FOR USE IN CANADA - REPLACEMENT STUDIES NOT RECEIVED

CURRENT IBT STATUS AS OF SEPTEMBER, 1983:

	CSA COMMON NAME	OTHER NAMES	DEGREE OF CONCERN (see Appendix B)
1.	3,6-dichloropicolinic acid	Lontrel	1-II
2.	dioxathion	Delnav	1-II
3.	fentin hydroxide	Du-Ter	2
4.	d-phenothrin	Sumithrin	1-II
5.	phosphamidon	Dimecron	1-II
6.	propachlor	Ramrod	1-II
7.	thiofanox	Dacamox	2

NOTES:

1. The above chemicals have all either been proposed for use in Canada, were previously used in Canada or have residue limits established under the Food and Drug Regulations. For all of these chemicals, Health and Welfare Canada would not consider any uses in Canada or establishment of any new residue limits until their status no longer depends on IBT studies.

2. The following chemicals have been removed from Appendix D given in News Release 1982-129 of November 2, 1982 because their status no longer depends on IBT studies: fenamiphos, monocrotophos, Sodium Omadine

3. A number of other pesticides, which are of no current interest and are not registered for use in Canada, have also had toxicity studies conducted by IBT. These include: ametryn, bifenox, binapacryl, bufencarb, chlorbromuron, cyprazine, dialifos, diallate, dinitramine, edifenphos, ethiolate, glyphosine, methfuroxam, noruron, profenofos, profluralin, propham, Troysan Polyphase, sulfallate. No further reviews of these chemicals are considered necessary at this time.

NEWS RELEASE

1983-102

October 20, 1983

1982 STATISTICS ON DRUG ABUSE

OTTAWA - Health and Welfare Minister Monique Bégin today released the Department's annual statistics on the illegal use of mood-modifying drugs in Canada for 1982. The statistics, contained in the publication Narcotic, Controlled and Restricted Drug Statistics, 1982 (formerly Drug Users and Convictions Statistics), relate to arrests and convictions under the Narcotic Control Act and Parts III and IV of the Food and Drugs Act as well as drug-related offences under the Criminal Code of Canada.

The statistics show that the diversion of narcotic and controlled drugs from legitimate medical and scientific channels to the illicit market continues to be a pressing problem:

- Thefts from pharmacies remain high, there were 1,108 in 1982 and 1,157 in 1981.
- Pharmacy armed robberies of mood-modifying drugs rose 35 percent, from 153 in 1981 to 206 in 1982.
- Convictions involving opiates and opiate-like drugs such as hydromorphone, oxycodone and morphine, while down from the 1981 total of 376 to 346 last year, are still of serious concern.

The number of convictions for all offences dropped from 48,280 in 1981 to 36,388 in 1982.

- LSD convictions were down 30% from the 1981 total (1,475 vs 2,110).
- Cannabis convictions dropped from 43,163 in 1981 to 32,001, a decline of 26 percent.
- Figures for cocaine and heroin remain relatively stable - 1,217 and 252 convictions, respectively, as compared to 1,209 and 258 in 1981.
- A 28 percent increase was noted in phencyclidine (PCP) convictions, from 492 to 629.

The conviction totals, while lower than those from previous years, may not necessarily represent a decrease in drug abuse. They may partly reflect the increasing tendency of law enforcement agencies to concentrate on investigating major cases (e.g. trafficking, import/export).

Data for the tabulations come from the reports submitted by law enforcement agencies to Health and Welfare Canada up to June 30, 1983. In addition to presenting data for the calendar year 1982, the report provides updated statistics for the years 1978 to 1981.

Figures are also included on persons who have come to the attention of the Department for any reason related to non-medical drug use. Miss Bégin stressed that the statistics do not include all persons in Canada who might have used specific drugs during 1982. "Furthermore," the Minister said, "the continued tendency for some individuals to use more than one drug makes it difficult to classify drug users by specific drug. The statistics nonetheless do provide useful information on trends in drug use and as such are of value in planning health programs."

Miss Bégin noted that the use of psychoactive drugs for non-medical purposes clearly remains a serious health and social concern in Canada.

- 30 -

Ref.: Jean Sattar
Tel.: (613) 996-0446

NOTE: Copies of the report are available upon request.

NEWS RELEASE

1984-04

January 23, 1984

TOXIC SUBSTANCES IN ROLL-YOUR-OWN CIGARETTE TOBACCOS

OTTAWA - Health and Welfare Minister Monique Bégin today released the first results of analyses of tar, nicotine and carbon monoxide yields of 13 popular brands of fine-cut tobacco used by smokers to make their own cigarettes.

"Recent increases in the sale of fine-cut tobaccos, which now account for about 10 per cent of the market, concern me," the Minister said, "because consumers are not yet adequately informed about the tar, nicotine and carbon monoxide yields of these products. Some smokers may switch from manufactured cigarettes to fine-cut tobacco and choose a product with a similar name. For this reason, analyses were done to allow comparisons between the fine-cut brands and the corresponding manufactured cigarettes.

"For all the brands that were compared, the yields of tar and carbon monoxide from the fine-cuts were markedly higher than from their manufactured equivalents, in some cases four or five times higher. The fine-cut tobaccos also yielded up to three times as much nicotine.

...2

"Because I believe that consumers should receive more information about the toxic substances in these products," Miss Bégin said, "I have asked the Canadian Tobacco Manufacturers' Council (CTMC) to increase their current health warnings so that an indication of the average tar, nicotine and carbon monoxide yields per cigarette will appear on advertisements and packages of fine-cut tobacco. Given our mutual goal of reducing overall yields of tar, nicotine and carbon monoxide from cigarettes, I am optimistic that the CTMC will comply with this request in the interest of informing consumers."

The analyses were conducted for the Department by Labstat Inc., of Kitchener, Ontario. Standard smoking machine procedures were modified slightly to allow a valid comparison between the variable cigarettes made from fine-cut tobaccos by hand or rolling device and the more uniform manufactured ones. The results of the analyses are shown in the attached table.

-30-

Ref.: Jean Sattar
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Également disponible
en français.

AVERAGE YIELDS OF SELECTED TOXIC SUBSTANCES FROM CIGARETTES MADE WITH FINE-CUT TOBACCO AND THE CORRESPONDING BRAND OF MANUFACTURED CIGARETTE, CANADA - 1983

BRANDS	FINE-CUT TOBACCO			MANUFACTURED CIGARETTE		
In Decreasing Order of Tar Differences	TAR	NICOTINE	CO	TAR*	NICOTINE*	CO
Matinee Extra Mild	19	1.1	23	4	0.4	5
Craven "A" Special Mild	18	1.2	22	4	0.4	5
Export ("A") Light	22	1.3	22	10	0.8	14
Gitanes	20	0.9	24	10	0.5	16
Matinee	21	1.4	21	11	0.8	14
Graven "A"	20	1.5	21	12	1.0	12
Belvedere	21	1.3	23	15	1.1	16
Players Light	20	1.3	22	15	1.1	17
Players	21	1.4	23	16	1.2	18
Export ("A")	22	1.3	22	17	1.1	16
Mark Ten	20	1.2	24	16	1.1	18
Embassy	22	1.4	21	NA	NA	NA
Drum	27	1.7	24	NA	NA	NA

* Values printed on the package.

NOTE: Fine-cut tobaccos were made into cigarettes using commercially available filter tubes and rolling devices, then smoked by machine. Although weights of fine-cut cigarettes varied more than did those of the corresponding manufactured variety, the tabulated comparisons are valid as averages on a "per cigarette" basis.

NEWS RELEASE

1984-05

January 23, 1984

HEALTH WARNINGS ON CIGARETTE CARTONS AND BILLBOARDS

OTTAWA - Health and Welfare Minister Monique Bégin announced today that the Canadian Tobacco Manufacturers' Council (CTMC) has agreed to carry out a number of changes to their labelling and advertising practices.

"Because I was concerned that consumers were not being warned of the hazards of tobacco use in every advertisement and on all tobacco packaging materials, I asked tobacco manufacturers to change several of their advertising and labelling practices," said the Minister.

Miss Bégin announced that the Canadian health warning and tar and nicotine information is to appear on:

- all cigarettes of foreign manufacture that CTMC companies import and distribute in Canada,
- all packages of cigars manufactured or imported by CTMC companies,
- all pipe tobacco packages,
- all cigarette carton wrappers,
- all cigarette billboards.

"I am optimistic that the industry will act in the public interest and complete these agreed-upon actions within the next few months," she said.

-30-

Ref.: Jean Sattar
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Également disponible en français.

NEWS RELEASE

1984-06

January 23, 1984

CARBON MONOXIDE IN CIGARETTE SMOKE

OTTAWA - Health and Welfare Minister Monique Bégin today released the results of a survey on the yields of carbon monoxide of 50 brands of cigarettes available in Canada in the spring of 1983 (see attached table). The survey was conducted by Labstat Incorporated of Kitchener, Ontario, and the brands surveyed represent over 80 per cent of cigarette sales.

Carbon monoxide interferes with the blood's ability to carry oxygen. Most smokers have worrisome levels of carbon monoxide in their blood most of the time. Safe limits for carbon monoxide in air are exceeded in poorly ventilated rooms where tobacco smoke is allowed to accumulate. Air filters have no effect on levels of carbon monoxide; it can only be removed by changing the air in the room.

"I have asked each company to reduce the average tar yield to 12 mg, by the end of this year, taking into account the sales of each brand. I have also asked them to lower nicotine yields to 1 mg or less for each brand, and to ensure that the level of carbon monoxide does not exceed the tar level for any brand by the end of 1984," the Minister said.

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"While I am pleased that companies are making progress in reducing tar levels," she continued, "I note that just under one-third of the brands surveyed yielded more than 1 mg of nicotine per cigarette and nearly half had carbon monoxide yields which exceeded the tar yield by more than 1 mg. I hope the manufacturers will be paying particular attention to further reducing carbon monoxide yields during the coming year."

Recently published results of research projects carried out for the Department of National Health and Welfare by Labstat showed that, while the ranking of yields of toxic substances was preserved, the average yields of tar, nicotine, carbon monoxide and hydrogen cyanide all more than doubled when cigarettes were intensively smoked.

"These studies reinforce our knowledge that the tar and nicotine values printed on packages are a satisfactory buyer's guide to cigarettes with lower average yields of toxic substances," commented the Minister. "However," she added, "these studies also show that the amount of poisons smokers actually inhale from their cigarettes depends at least as much on how they smoke them as on the size of the tar and nicotine values that are printed on the packages.

"Based on these research results, I would invite all smokers to put tobacco smoking behind them and begin enjoying the benefits of a tobacco-free life."

-30-

Ref.: Jean Sattar
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Également disponible en français.

Average Carbon Monoxide Yield in Milligrams per Cigarette of 50 Brands of Cigarettes Available in Canada During the Spring of 1983, Grouped by Tar and Nicotine Yield

Average yield printed on package in milligrams per cigarette		Brand Name	Average carbon monoxide yield in milligrams per cigarette
Tar	Nicotine		
0.4	0.04	Viscount No. 1 Ultra Mild Regular FT	0.5
0.7	0.07	Viscount No. 1 Ultra Mild KSFT	1
1	0.1	Macdonald Select Ultra Mild KSFT	1
1	0.1	Medallion Ultra Mild KSFT	2
1	0.1	Craven "A" Ultra Light KSFT	1
3	0.3	Viscount Extra Mild KSFT	4
4	0.4	Craven "A" Special Mild KSFT	5
4	0.4	Matinée Extra Mild KSFT	4
4	0.4	Viscount Extra Mild 100's FT	5
5	0.5	Vantage Light KSFT	6
8	0.5	Matinée Regular FT	12
8	0.6	Craven "A" Regular FT	11
9	0.8	Player's Extra Light Regular FT	9
9	0.9	Silk Cut King Size FT	11
9.5	0.6	Gitanes Caporal Regular FT	16
9.5	0.8	Loblaw's "No Name" Light Virginia FT	6
10	0.8	Belvedere Extra Mild Regular FT	13
10	0.8	Export "A" Light Regular FT	12
10	0.8	Vantage KSFT	14
11	0.6	Gitanes KSFT	16
11	0.7	Gauloises Disque Bleu Caporal Regular FT	13
11	0.7	Gauloises Caporal Regular FT	15
11	0.8	Craven Menthol KSFT	11
11	0.8	Matinée KSFT	13
11	0.9	du Maurier Special Mild KSFT	12
12	0.9	Rothmans Special Mild KSFT	15
12	1.0	Craven "A" KSFT	12
12.6	0.9	La Québecoise Regular FT	14

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Average yield printed on package in milligrams per cigarette		Brand Name	Average carbon monoxide yield in milligrams per cigarette
Tar	Nicotine		
13	1.0	du Maurier Regular FT	17
14	1.0	Player's Light Regular FT	16
14	1.0	Export "A" Medium Regular FT	16
14	1.1	Loblaw's "No Name" Virginia KSFT	16
14	1.2	La Québecoise KSFT	17
15	1.1	Belvedere Regular FT	18
15	1.1	Mark Ten Regular FT	21
15	1.3	Tremblay KSFT	17
16	1.1	Black Cat No 7 KSFT	18
16	1.1	Rothmans KSFT	17
16	1.1	Mark Ten KSFT	19
16	1.1	Cameo KSFT	20
16	1.2	du Maurier KSFT	18
16	1.2	Peter Jackson KSFT	17
17	1.0	Player's Regular Plain	13
17	1.1	Export "A" Regular FT	18
17	1.2	Player's Regular FT	18
17.5	0.9	Gitanes Regular Plain	15
17.5	1.0	Gauloises Regular Plain	14
18	1.0	Sportsman Regular Plain	15
18	1.1	Export "A" Regular Plain	15
18	1.2	Mark Ten Plain KS	15

Average tar, nicotine and carbon monoxide yields are determined by machine-smoking 100 cigarettes under the following standard conditions:

Puff volume: 35 ml
Puff duration: 2 sec
Puff interval: 58 sec
Butt length: 30 mm

KS: King Size
FT: Filter Tip

NEWS RELEASE

1984-07

January 23, 1984

CIGARETTE SALES DECLINE

OTTAWA - "Sales of cigarettes and cigarette tobacco declined by four per cent in 1983," Health and Welfare Minister Monique Bégin announced today. "This is the largest decline in annual cigarette sales in over 20 years, and I hope it is the beginning of a clear reversal of the long-term trend that has seen cigarette sales increase by a yearly average of two per cent for many years.

"I believe that our personal efforts to convince Canadians to avoid tobacco use have helped to bring about this decline. The Department's Generation of Non-Smokers program and It's Time To Quit cessation program will continue with these aims in mind. There is no doubt however that the decline is also due to the increase in the price of cigarettes which, after allowing for inflation, was 14 per cent in 1982.

"Although many would consider this a large price increase, cigarette prices, discounting inflation, have simply returned to their 1969 levels, and they still cost 14 per cent less than they did in 1949.

"However," said the Minister, "even though overall sales decreased, sales of fine-cut tobacco for roll-your-own cigarettes increased by seven per cent as people switched to this lower-priced product. Despite this worrisome trend in fine-cut tobacco sales, I am still very encouraged by the overall decline in cigarette sales that was registered in 1983."

-30-

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Également disponible en français.

Canada

Health and Welfare Canada
Santé et Bien-être social Canada

NEWS RELEASE

1984-10

January 31, 1984

$5.325 MILLION TO NATIONAL VOLUNTARY HEALTH AND SOCIAL SERVICE ORGANIZATIONS

OTTAWA - Health and Welfare Minister Monique Bégin today announced that grants totalling $5.325 million have been approved for 68 national voluntary health and social service organizations during the 1983-84 fiscal year to assist them in meeting the costs of operating their national head offices and to carry out national activities.

"These organizations play a key role in the co-ordination, planning and delivery of services by volunteers in almost every community in Canada," Miss Bégin said.

"I am pleased that the Department has been able to more than double the number of organizations receiving grants this year as a result of a $3.2 million increase in program funds approved by Cabinet last spring," she added.

Support is provided to a broad range of health and social service organizations. A complete list is attached.

-30-

Ref.: Benoit Houle
Tel.: (613) 995-8465

Également disponible en français.

Allergy Information Association, WESTON - $10,000
Arthritis Society, TORONTO - $123,440
Association canadienne de l'ataxie de Friedreich, MONTREAL - $69,380

Big Brothers of Canada, BURLINGTON - $25,000
Boys and Girls Clubs of Canada, WILLOWDALE - $127,000

Canada Safety Council, OTTAWA - $120,000
Canadian Addictions Foundation, EDMONTON - $41,340
Canadian Association for Children and Adults with Learning Disabilities, OTTAWA - $75,000
Canadian Association for the Mentally Retarded, TORONTO - $200,000
Canadian Association of Schools of Social Work, OTTAWA - $87,000
Canadian Association of the Deaf, TORONTO - $15,000
Canadian Association on Gerontology, WINNIPEG - $43,000
Canadian Cerebral Palsy Association, TORONTO - $50,000
Canadian Coalition for Neurological Diseases, TORONTO - $52,000
Canadian College of Health Service Executives, OTTAWA - $35,000
Canadian Committee for Fertility Research, MONTREAL - $72,100
Canadian Co-Ordinating Council on Deafness, OTTAWA - $87,000
Canadian Council of Rehabilitation Workshops, WINNIPEG - $70,000
Canadian Council on Children and Youth, OTTAWA - $87,000
Canadian Council on Smoking and Health, OTTAWA - $45,000
Canadian Council on Social Development, OTTAWA - $528,000
Canadian Cystic Fibrosis Foundation, TORONTO - $96,000
Canadian Deaf-Blind and Rubella Association, MEAFORD - $34,000
Canadian Diabetes Association, TORONTO - $75,000
Canadian Foundation for Ileitis and Colitis, TORONTO - $44,380
Canadian Friends of Schizophrenics, TORONTO - $103,000
Canadian Hemophilia Society, HAMILTON - $90,000
Canadian Home and School and Parent-Teacher Federation Incorporated, DON MILLS - $10,000
Canadian Hospital Association, OTTAWA - $90,000
Canadian Institute of Child Health, OTTAWA - $50,000
Canadian Long Term Care Association, OTTAWA - $40,000
Canadian Lung Association, OTTAWA - $41,340
Canadian Mental Health Association, TORONTO - $139,330

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Canadian National Institute for the Blind, TORONTO - $160,000
Canadian Paraplegic Association, TORONTO - $120,340
Canadian Public Health Association, OTTAWA - $139,330
Canadian Red Cross Society, TORONTO - $123,340
Canadian Rehabilitation Council for the Disabled, TORONTO - $135,000
Canadian Sickle Cell Society, MISSISSAUGA - $25,000
Canadian Stroke Recovery Association, DON MILLS - $15,000
Catholic Health Association of Canada, OTTAWA - $20,000

DES Action Canada, MONTREAL - $70,000

Family Service Canada, OTTAWA - $50,000

Health League of Canada, TORONTO - $32,260
Huntington Society of Canada, CAMBRIDGE - $90,000

International Council on Social Welfare Canada, OTTAWA - $19,000
International Social Service Canada, OTTAWA - $130,000

Juvenile Diabetes Foundation, WILLOWDALE - $30,000

Kidney Foundation of Canada, MONTREAL - $96,000

Multiple Sclerosis Society of Canada, TORONTO - $95,000

National Anti-Poverty Organization, OTTAWA - $188,000
Non Smokers Rights Association, TORONTO - $25,000

Osteoporosis Society of Canada, TORONTO - $23,000

Palliative Care Foundation, TORONTO - $50,000
Parkinson Foundation of Canada, TORONTO - $35,000
Planned Parenthood Federation of Canada, OTTAWA - $237,800

Serena Canada, OTTAWA - $83,600
Sobriété du Canada, QUEBEC - $45,000
Société Alzheimer Society, TORONTO - $80,000
Spina Bifida Association of Canada, CANORA - $10,000
St. John Ambulance Association, OTTAWA - $91,340

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The National Council of YMCAs of Canada, TORONTO - $55,000
Thyroid Foundation of Canada, KINGSTON - $10,000
Traffic Injury Research Foundation of Canada, OTTAWA - $41,340
Turner's Syndrome Society, DOWNSVIEW - $15,000

United Way Canada, OTTAWA - $58,000

Victorian Order of Nurses for Canada, OTTAWA - $51,340

Young Women's Christian Association of Canada, TORONTO - $100,000

NEWS RELEASE

1984-14
February 3, 1984

AIDS RESEARCH FUNDS

OTTAWA - Health and Welfare Minister Monique Bégin announced today that the Treasury Board has provided her department with $1.49 million in supplementary funds for the investigation of Acquired Immune Deficiency Syndrome (AIDS).

Of this amount, $290,000 was made available immediately, and $400,000 will be allocated to these activities over each of the next three fiscal years. This new funding is in addition to a Medical Research Council grant of $525,000 made in September to Dr. Philip Gold of the Montreal General Hospital for a study of the development of AIDS in haemophiliacs.

The Health Protection Branch, in consultation with the National Advisory Committee on AIDS, will use the funds to assist government and health professionals with studying the syndrome. Some preliminary plans include helping physicians with early diagnosis, working on the development of practical blood tests to diagnose the condition, and providing health professionals and the public with accurate information on AIDS.

An epidemiologist will be hired specifically to investigate reported AIDS cases, study how AIDS is transmitted, and provide epidemiological assistance to researchers. Also under consideration is the acquisition of sophisticated diagnostic instruments for shared use by AIDS researchers.

"I am pleased to be able to announce this funding, which will very significantly improve my department's ability to help physicians understand and manage this rare but life-threatening condition," said the Minister.

-30-

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Canada

Health and Welfare Canada
Santé et Bien-être social Canada

NEWS RELEASE

1984-32

March 14, 1984

INCREASED CHILD ABUSE TOPIC OF INTERNATIONAL CONGRESS

OTTAWA - Child abuse is a growing world-wide problem that is the responsibility of everyone.

This is the theme -- Preventing Child Abuse: A Community Responsibility -- of an international congress to be held in Montreal September 16 to 19.

Today Health and Welfare Minister Monique Bégin announced a special contribution of $33,500 to the local organizing committee of the Fifth International Congress on Child Abuse and Neglect being held by the International Society for the Prevention of Child Abuse and Neglect (ISPCAN). Over $20,000 of the contribution will be used to subsidize the expenses of Canadian front line workers concerned with child abuse to enable them to attend the Congress.

This will be the first time the Congress has been held in North America. Over 2,000 delegates from about 50 countries are expected. Previous ISPCAN Congresses have been held in Geneva (1976), London (1978), Amsterdam (1981) and Paris (1982).

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The chairperson for the Congress this year is Margaret Ann Smith of Montreal. Ms. Smith is the Director of the Department of Social Work at the Montreal Children's Hospital and a professor at McGill University.

The rising incidence of child abuse and neglect, due in part to the added stress on families because of the world-wide recession, is an international concern. In December, for example, the United States Attorney General's Task Force on Family Violence estimated one million US children are seriously hurt each year by their caretakers and some 2,000 die. Two recently published US surveys also noted an increase in both the severity and the number of cases of child abuse, family violence and sexual abuse of children.

Statistics for Canada are not available because the tabulation of cases is done by provincial authorities and there is no standard form.

The Congress expects to draw many participants from across Canada representing the fields of health, justice, social service, education and the community (including volunteers, religious groups and business).

The International Society was founded in 1977 by a group of professionals (mainly pediatricians) who were concerned about the rising incidence of cruelty towards children, including abuse, neglect and exploitation.

The Canadian International Development Agency (CIDA) is providing funding to enable Third World delegates to attend the Montreal meeting. The Youth Protection Committee of the Province of Quebec is a joint sponsor of the Congress.

-30-

Ref.: Joan Eddis-Topolski
Tel.: (613) 995-8465

Également disponible en français.

NEWS RELEASE

1984-34

March 21, 1984

WORLD HEALTH ORGANIZATION FELLOWSHIPS

OTTAWA - The Department of National Health and Welfare today announced details of the annual World Health Organization (WHO) competition for fellowships for Canadian citizens wishing to undertake short-term studies abroad.

All health personnel in medical, paramedical and health related fields, including dentists and dental auxiliaries, veterinarians and veterinary assistants, engineers in the field of sanitary science, nutritionists, laboratory technologists, rehabilitation specialists as well as administrators and teachers in all of these fields are eligible to apply; those engaged in pure research, undergraduate and graduate university students are not.

Applicants for WHO fellowships will be rated by a Canadian Selection Committee on the basis of education, experience, field of activity, proposed area of study and the intended use of their newly acquired knowledge.

The final decision for the award of a fellowship, as well as the proposed areas of study rests with WHO.

Applications should be submitted before August 31, 1984. Further information and application forms can be obtained by writing to:

WHO Fellowships
Intergovernmental and International Affairs Branch
Department of National Health and Welfare
Brooke Claxton Building
Tunney's Pasture
OTTAWA, Ontario K1A 0K9

-30-

Ref.: Benoit Houle
Tel.: (613) 995-8465

Également disponible en français

NEWS RELEASE

1984-40

April 12, 1984

PLAN FOR INDIAN AND INUIT CAREER DEVELOPMENT IN HEALTH PROFESSIONS

OTTAWA - Health and Welfare Minister Monique Bégin today announced that the federal government is developing a new program to encourage Indians and Inuit to pursue careers in the health field.

The Minister noted that there are only 38 health executives and professionals of known Native ancestry working in the Medical Services Branch of her department. Throughout Canada there are fewer than 200 qualified Native health professionals in the top seven health professions. Miss Bégin pointed out that this small number does not enable Natives to be served by their own people at a time when Indian Bands and other Native authorities are assuming more responsibility for their own health care.

"We must encourage more Indian and Inuit to enter the health professions," Miss Bégin said. "That is the best way to see that they are adequately represented in the health field."

The new career development program addresses the key aspects of the present situation: health career promotion, cooperative post-secondary programs, career-related summer employment, secondary school science upgrading, health science student scholarship program, summer institutes, university and community college student support, community professional health career initiatives, nursing and nursing assistant programs. A major part of the program will be the provision of a social and cultural environment that will overcome the alienation and social barriers experienced by many Indian and Inuit secondary and post-secondary students.

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The program is primarily aimed at Indian and Inuit students to stimulate their interest in the health disciplines, to encourage them to choose health careers and to make it easier for them to achieve this goal.

Over the next three years, the program will cost approximately $7.8 million and will, among other things, provide on-the-job training for students through cooperative programs. (An evaluation of the program will be submitted to Cabinet before its budget is set for 1987-88.)

"Of course, there will be consultation with provincial authorities on the main program components," Miss Bégin said, "because they have jurisdiction over education. I invite them to join us in this challenging and interesting task.

"We will also be in close consultation with Indian and Inuit groups such as the Assembly of First Nations, the Inuit Tapirisat of Canada, as well as provincial and territorial organizations, the Chiefs and tribal councils. They'll all have a say in how we go about this and in helping us to evaluate how well it is working."

The program will also be co-ordinated with education and training initiatives of the Department of Indian and Northern Affairs and with the programs of other federal departments and agencies concerned with the employment, education, training, status of women and equal opportunity needs of Native people.

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Ref.: Benoit Houle
Tel.: (613) 995-8465

Également disponible en français.

NEWS RELEASE

1984-43

May 2, 1984

ALCOHOL IN CANADA

OTTAWA - Canada has experienced its first slowing down in annual consumption of absolute alcohol since the late 1950s, according to a Health and Welfare Canada report released today by the Minister, Monique Bégin.

In 1980, Canadians aged 15 and over consumed 11.27 litres of absolute alcohol per person, compared to 11.14 litres in 1975. This represented an increase of 0.13 litres, or approximately one per cent over the five-year period from 1975-1980. In the previous five years, 1970-75, there had been an increase of 2.2 litres, or approximately 25 per cent.

With this slowdown in alcohol consumption, Canadians experienced a shift in alcohol beverage use. From 1975-1980, wine consumption increased from 10 per cent to 13 per cent of all alcohol consumed. Beer consumption fell from 52 per cent to 50 per cent and consumption of spirits, from 38 per cent to 37 per cent.

These figures are presented in the report Alcohol in Canada: A National Perspective prepared by a working group made up of representatives of federal government departments, provincial agencies and universities. They will be used in the formulation of national and provincial programs in response to alcohol-related problems.

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Among the four highest alcohol-consuming regions in Canada, Alberta showed a 12 per cent increase in per capita consumption between 1975 and 1980; the Yukon, six per cent and British Columbia, two per cent. The Northwest Territories reported a decrease of nine per cent.

Among provinces with middle-ranked consumption, Ontario continued to have a stable consumption pattern, Newfoundland and Prince Edward Island showed increases of four per cent, while Manitoba reported a decrease of three per cent.

In provinces with lower-ranked consumption, Nova Scotia and New Brunswick increased consumption by seven per cent and four per cent respectively, while Saskatchewan and Quebec had decreases of three and four per cent.

Despite the general slowdown in consumption rates, survey data show marked alcohol consumption increases between adolescence and young adulthood. The percentage of current drinkers (using alcoholic beverage at least once a month) increases from 61 per cent among male teenagers (15-19) to 87 per cent among young adult males (20-24), and from 52 per cent among female teenagers to 71 per cent among young adult females. These compare to the national average of 75 per cent among males and 56 per cent among females.

The report also shows that young persons aged 15-24 experienced the highest alcohol-involved fatality rates for drinking and driving. Out of an estimated total of 2,700 alcohol-related deaths on the nation's roads in 1980, 1,170 or 43 per cent involved young persons.

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Survey results also show that young persons themselves reported a higher proportion of drinking-associated problems, ranging from tension with family and friends, trouble at work or school to problems with health and accidents.

Family income and employment status were also examined with respect to drinking patterns. The report indicates that while Canadians who are unemployed and with lower family incomes have an appreciably lower drinking rate than Canadians who are employed or with higher family incomes, they report a higher proportion of drinking-associated problems.

Data on alcohol treatment programs indicate that males were four times as likely as females to appear in facilities for alcohol-related disorders, although the proportion of females has recently increased. Between 1972 to 1980/81 discharges for alcohol disorders increased in general hospitals by nine per cent but decreased in mental hospitals by 48 per cent. In 1980/81, the specialized treatment sector accounted for 61 per cent, the general hospitals 33 per cent, and mental hospitals six per cent of alcohol discharges.

The report also makes recommendations for the establishment of wider community initiatives to promote a better understanding of the health-related problems associated with alcohol consumption as well as recommendations which have implications for alcohol policy.

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In a continuing response to public concern about drinking problems in Canada, Health and Welfare Canada has recently initiated the second phase of its Dialogue on Drinking campaign. This program is especially designed to provide public support for moderation in drinking, and to reach youth and young adult target groups who account for a significant proportion of high-risk drinkers in Canada.

The theme of the present campaign is "Take Action on Over-Drinking". It includes an advertising and promotion program as well as a guide for communities wishing to become involved in local Dialogue on Drinking projects.

Copies of Alcohol in Canada are available without charge from provincial alcohol commissions or foundations, regional offices of Health Promotion, or Health Promotion Directorate, Health and Welfare Canada, Ottawa, Canada K1A 1B4.

-30-

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Également disponible en français.

NEWS RELEASE

1984-45

May 10, 1984

SOCIAL SECURITY AGREEMENT SIGNED BETWEEN CANADA AND BELGIUM

BRUSSELS - Health and Welfare Minister Monique Bégin and the Minister of Social Affairs and Institutional Reform of Belgium, Jean-Luc Dehaene, today signed a reciprocal Agreement on Social Security between their two countries.

The Agreement with Belgium will coordinate the operation of the Canada Pension Plan and the Old Age Security Act with Belgian social security programs which provide old age, survivor and disability benefits. As many as 1,000 people may become eligible for Canadian benefits as a result of this Agreement.

Both Canada and Belgium impose minimum conditions of residence and/or contributions for individuals to qualify for social security benefits. Under the terms of the Agreement, persons who reside, or who have resided, in Canada and in Belgium will be able to combine social security credits earned in both countries in order to satisfy the minimum eligibility requirements for benefits from one or both countries.

...2

Once eligibility is established, the Agreement provides a means of calculating the amount of benefit to be paid by each country in accordance with its own legislation. The amount of such benefits is related to the periods of residence or contributions credited to the individual in each paying country.

The Agreement will also enable former Belgians who are now Canadian citizens to receive Belgian social security benefits outside of Belgium under the same conditions as citizens of Belgium.

The Agreement will come into force as soon as both countries have completed the ratification procedures required by their respective laws. Similar agreements are already in force between Canada and France, Greece, Italy, Jamaica and Portugal. An Agreement with the United States is expected to come into effect later this year.

-30-

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Également disponible en français.

NEWS RELEASE

1984-69

July 19, 1984

SOCIAL WELFARE ORGANIZATIONS AWARDED $279,318

OTTAWA - Health and Welfare Minister Monique Bégin today announced National Welfare Contributions totalling $279,318 to 10 social welfare organizations across Canada.

Among the recipients are three groups conducting research in areas related to child welfare. The British Columbia Federation of Foster Parent Associations (BCFFPA) receives $55,417 to demonstrate a comprehensive approach to foster care training as a way of strengthening its resources. Training material will be jointly presented by teams of foster parents, social workers, and educators to other foster parents in their own communities. Project teams will provide leadership and organizational skills to assist local communities and training committees in learning how to access resources, plan programs, and encourage and increase foster parent participation in training events.

Foster parents from 15 B.C. communities will participate in the project over a three-year period as co-trainers and course participants in three demonstration regions used to evaluate the impact of the training courses. Once tested and revised, the training material will be available as part of the BCFFPA's ongoing program as well as to foster care groups across Canada.

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Delinquent behaviour among adolescents is an area of interest for Dr. Richard E. Tremblay of the University of Montreal. With a contribution of $25,030, Dr. Tremblay will direct a project to describe and predict the delinquent conduct of adolescents in Montreal in 1984. His long-term study will also examine the validity of previous research on the readjustment of delinquent behaviours.

A study on the vulnerability of unmarried mothers who keep their children will receive a $23,000 contribution and add to child welfare research development. The Nova Scotia Department of Social Services will develop the plans to complete the second phase of a long-term study in which 346 unmarried mothers and a control group of 326 married mothers are interviewed approximately five years after the birth of their children and then at three year intervals until the children reach age 20. Each phase of the study emphasizes a different area of vulnerability in the situations of both the mother and the child.

Three provinces will benefit from contributions to develop and strengthen social welfare research capacities. The Human Development Council in Saint John, New Brunswick, receives $40,860 to explore five priority areas having implications for the elderly, the disabled and the unemployed.

The Social Planning Council of Metropolitan Toronto will develop and promote a research capacity among non-government social planning and coordinating groups within the regional municipality of Toronto with the help of a $31,565 contribution.

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At the University of Manitoba, the School of Social Work receives $25,650 to study, in collaboration with social service agencies, the effectiveness of social work practice in Manitoba. Native child welfare and alternates to Bachelor of Social Work programs are the two major research areas of this project.

Three other projects will evaluate the quality of some services and intervention programs offered in the area of social welfare.

Dr. R.J. Flynn of the Royal Ottawa Regional Rehabilitation Centre will receive $67,685 to compare three self-directed, group-oriented methods of job placement for disabled and disadvantaged job seekers. This is the first study of its kind to determine which job placement methods are most effective and most cost-effective with certain types of clients.

Stress is a factor known to affect the productivity levels of various people. Diane Bernier of the University of Montreal receives $12,088 to finalize and evaluate a standardized model of group intervention aimed at reducing the negative bio-psychosocial consequences associated with chronic stress. A more effective model will help social services clientele develop capacities to deal with stress themselves instead of relying on individual therapeutic intervention.

...4

Maryse Rinfret-Raynor and Ann Pâquet-Deehy from the University of Montreal receive $18,673 to evaluate the efficiency of a feminist intervention program for battered women seeking psychosocial aid. The two researchers will focus on aid sought from Local Community Services Centres and from Social Service Centres in the regions of Montreal and Quebec. They hope to identify predictable variables concerning the voluntary service of women, the type of ongoing therapy, the therapeutic results and any changes in marital relations.

A final contribution of $5,000 is given to Dr. Néré St-Amand, of the University of Moncton to develop a study about professional burn-out among social workers. He will include four major areas which may contribute to burnout: the personal factors of an individual; the training given or received in social services; the profession as it is; and the work environment in which social work is practiced.

These contributions, awarded through the National Welfare Grants program of Health and Welfare Canada, are intended to develop and strengthen social welfare services in Canada.

Further information about the National Welfare Grants program or specific grant projects can be obtained by writing to the National Welfare Grants Directorate, Health and Welfare Canada, K1A 1B5 or by telephoning (613) 990-9563.

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Également disponible en français.

NEWS RELEASE

1984-71

August 1, 1984

CANADA/UNITED STATES SOCIAL SECURITY AGREEMENT IN FORCE AUGUST 1

OTTAWA - Health and Welfare Minister Monique Bégin announced that the Agreement on Social Security between Canada and the United States comes into force today, August 1.

The Agreement coordinates the application of the Old Age Security and Canada Pension Plan programs in Canada and the U.S. program which provides old age, disability and survivors' benefits.

Approximately 12,000 people may become eligible for Canadian benefits during the first year of implementation of the Agreement.

This is Canada's sixth such social security agreement; others are already in effect with Italy, France, Portugal, Greece and Jamaica.

Residents of Canada who wish to obtain more information about the Agreement or who wish to apply for Canadian or U.S. benefits may do so by contacting the nearest Income Security Programs office or by writing to the Director, International Operations, Income Security Programs Branch, Health and Welfare Canada, Ottawa K1A 0L4.

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Également disponible en français.

NEWS RELEASE

1984-88
September 4, 1984

PAIN MANAGEMENT STUDY RELEASED

OTTAWA - The report of the Expert Advisory Committee on the Management of Severe Pain was released today by Health and Welfare Minister Monique Bégin. The Minister had asked ten non-governmental physicians experienced in pain therapy to study the effectiveness of current pain management practices and the possible place of heroin in Canadian medicine.

The committee submitted sixteen recommendations (see attached backgrounder) that must now be given thorough study by the Department. As the issues raised by the committee include matters controlled by many authorities, assessment of their implications and decisions on their implementation will be complex and time-consuming.

In conjunction with its report, the committee prepared a therapeutic monograph advising physicians on the optimum use of analgesic drugs. The monograph is being distributed to physicians and other health professionals to assist them in the treatment of chronic severe pain.

The Minister noted "I wish to thank the committee members for their assistance with this complex problem, which affects every Canadian family. Their own knowledge and experience, combined with the data they have assembled from other sources, will be of great benefit to the government and health professionals".

Copies of the report are available upon request.

- 30 -

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Egalement disponible en français.

Recommendations

PROFESSIONAL EDUCATION

We recommend that:

1. A brief, readable pamphlet designed for physicians and other health care professionals be prepared to make them aware of the essential elements of modern pain management. Such a pamphlet should be distributed widely. They should be informed that a more detailed monograph is also available.

2. A monograph on the control of cancer related pain be widely distributed to Canadian physicians and upon request to other health care personnel and interested individuals and groups. Such a monograph should be updated at appropriate intervals.

3. This report be distributed to appropriate ministries of provincial governments, faculties of medicine, schools, faculties or colleges of nursing and faculties of pharmacy, and national and provincial organizations responsible for or interested in undergraduate, postgraduate and continuing education.

4. Institutions and organizations concerned with health care be encouraged to review their current education programs and, where needed, seek ways and means to augment the exposure of trainees to comprehensive pain control at undergraduate, postgraduate and continuing education levels.

5. The Undergraduate, Postgraduate and Continuing Medical Education Committees of the Association of Canadian Medical Colleges be asked to coordinate a national review of teaching about pain management within their areas of responsibility. The Association of Faculties of Pharmacy in Canada and the Canadian Association of University Schools of Nursing could also coordinate a similar national review.

6. Consideration be given to sponsorship and support of national or regional conferences to review existing undergraduate, postgraduate and continuing education programs concerning pain and its management, and to propose programs to foster improvement at each of these levels. Such national conferences should be developed on a collaborative basis with appropriate provincial and federal ministries, educational institutions and professional associations or societies.

PUBLIC EDUCATION

We recommend that:

7. A pamphlet be prepared to inform the general public about modern pain control measures in cancer. Such a pamphlet should be widely distributed through government, professional and lay groups.

8. Copies of this report be widely distributed and made freely available to public service organizations, consumer groups, advocacy groups, the media, and provincial agencies.

HEALTH CARE SERVICES

We recommend that:

9. Federal support be given to support health care systems research that will result in development of models for effective and efficient local, regional and provincial pain treatment services.

10. Based upon identified need, health care institutions be encouraged to participate in the establishment of regionally based and coordinated networks of services for management of pain. Such services should incorporate diagnostic as well as multidisciplinary treatment components.

    In this context, consideration be given to encouraging development of regional pain services by identifying mechanisms whereby joint federal and provincial planning can occur.

11. Guidelines for development of 'Pain Treatment Services' for cancer patients should be prepared similar to those prepared by the Ministry of National Health and Welfare for other types of health services or facilities e.g."Palliative Care Services in Hospitals" (1981).

INTRODUCTION OF NEW DRUGS

We recommend that:

12. Heroin not be reintroduced in Canada at this time since the information available does not support the need for this drug.

13. The development and marketing of the following be encouraged: a high-concentration form of hydromorphone suitable for low volume subcutaneous or intramuscular injections; a high solubility salt of morphine; a commercially available injectable form of methadone; higher concentration formulations of morphine hydrochloride or sulfate; sublingual and rectal formulations of currently marketed potent analgesics.

RESEARCH

We recommend that:

14. Epidemiologic studies be performed to further define the dimensions and characteristics of the problem of severe pain as it exists in Canada. The National Health Research and Development Program could stimulate research in this area.

15. The Medical Research Council and Natural Sciences and Engineering Research Council be asked for their assessment of our current efforts in pain research, whether further effort is needed and what steps could be taken to encourage such research if a need is identified. In this context, consideration could be given to assigning specific funds to support basic and clinical research concerning pain.

16. Initiatives be taken to encourage the pharmaceutical industry to develop and test new analgesic agents in Canada.

NEWS RELEASE

1984-89
September 6, 1984

RESEARCH PROJECTS ON HEALTH OF CHILDREN

OTTAWA - The health of children highlights research to be carried out by Canadian scientists with awards announced today by Health and Welfare Minister Monique Bégin. The funds, totalling $749,039, are made available through her department's National Health Research and Development Program.

Children with chronic illnesses frequently must bear the added burden of difficult emotional adjustment to their condition. It is widely believed that many of the psychological problems are preventable with effective counselling and other support. Dr. Barry Pless, Director of Community Paediatric Research at the Montreal Children's Hospital, receives $122,754 for a controlled comparison of conventional approaches to psychological care of chronically-ill children. He will use more selective intervention techniques to provide information that will assist professionals in deciding what services to provide for best effect.

Drs. David Kenny and Morris Milner at the Ontario Crippled Children's Centre (OCCC) in Toronto will use a $42,593 award for a study of respiratory patterns in children with cerebral palsy. Respiratory difficulties associated with cerebral palsy produce problems in swallowing and feeding and put the child at risk of choking or incurring chest infections resulting from an impaired ability to keep airways unobstructed. The study is intended to explore the potential for better coordination of airway control and swallowing.

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Another OCCC researcher, Dr. R.L. Moran, will undertake a $34,858 project to develop and evaluate special protective headgear for children who are at risk of head injury due to grand mal epileptic attacks or other brain or neuromuscular disorders. The goal of the project is injury prevention with improved mobility, independence and interaction with other children.

There are regional differences in the perinatal and infant mortality patterns in Ontario that are not currently well understood. If the main factors behind the differences can be identified, programs for reducing the mortality rate in particular areas can be developed. A major study of the possible factors involved will be carried out by Drs. Carol Buck and Shelley Bull in the Department of Epidemiology and Biostatistics at the University of Western Ontario, London, with a $112,930 award.

Hypertension is a common complication of pregnancy that has negative consequences for both mother and child. The problem has been identified as a priority for research by a Health and Welfare Canada working group on high risk pregnancies. Dr. J. Fabia and S. Marcoux in the Faculty of Medicine at Laval University will undertake a $77,908 case-control study of the relationship of a variety of factors - such as rest, physical activity, alcohol and coffee consumption, and vitamin levels - to the onset of hypertension.

Recipients of awards in other areas of research include:

- Dr. David Fish at the University of Manitoba, who receives $19,915 for a study of the determinants of multiple sclerosis. This project is part of an international effort to understand the disorder, and ultimately to prevent and cure it. Dr. Fish will be engaged in the identification of M.S. patients who are one of twins but whose twin does not have the disease. Such individuals may provide important and unique clues to the basis and progress of multiple sclerosis.

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- Dr. Parviz Ghadirian and Dr. Antoine Simard at the Montreal Cancer Institute, $15,000 for an epidemiological feasibility study of dietary risk factors associated with cancers of the pancreas, bile duct and gall-bladder. If productive, the work will lead to a control study related to these serious and increasingly common cancers.

- Mr. François Béland and Dr. Brigitte Maheux at the University of Montreal, $126,873 to investigate the extent to which the professional training that physicians receive influences their subsequent orientation in practice, to contrasting models of professional service that emphasize different aspects of health and health care delivery.

- Dr. Anne Martin Matthews in the Department of Family Studies at Guelph University, who receives $14,240 for a pilot study of how to better understand and give informational support to the decision-making process involved in the movement of elderly persons into either home-based or institutional long-term care.

- Dr. James McD. Robertson at the University of Western Ontario, $80,386 for a survey of the nearest relatives of 250 people diagnosed as having Alzheimer's Disease and a like number of control subjects, to gather information useful for detecting risk factors for the disease. Dr. Robertson intends to return to the data some years hence for a re-analysis in the light of eventual neuropathologic confirmation of the diagnosis of subjects.

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Concerns have been expressed about the level of air pollution in Hamilton, Ontario, including reports that people living near the industrial sector of the city are more likely to develop lung cancer than people in other areas. However, such reports have not taken into account other crucial factors such as smoking habits, age and sex. Dr. D.L. Sackett, a distinguished Canadian research scientist, and colleague Dr. H.S. Shannon from McMaster University intend to examine whether or not there exists a genuine association between residence and lung cancer mortality after numerous confounding variables have been taken into account. From the results, they will decide whether a full-scale epidemiologic investigation is warranted. The data for this initial study will come from a variety of sources, including questionnaires, work histories, and information on previous lung cancer deaths in the city. They receive $12,018.

Two rehabilitation research projects will also receive support: $9,600 goes to Professor Robert Scott and Dr. Eric Gozna at the Bio-Engineering Institute of the University of New Brunswick, Fredericton, for an evaluation of a recently developed inexpensive method of using shadow moire topography for the detection and monitoring of scoliosis. Shadow moire topography uses lines of shadow and precisely placed light sources to define and depict the contours of the back; an effective technique for detecting spinal and muscular irregularities.

At the Medical Engineering Resource Unit of the University of British Columbia, Dr. Stephen Tredwell will receive $79,964 for development of a pelvic stabilizer for disabled persons. Maintaining pelvic stability is the greatest remaining

...5

technical problem in providing postural control to enable upright sitting and prevent deformities. When developed, the stabilizer should be suitable for use in wheelchairs and custom-made seats for a variety of disabling conditions.

The NHRDP supports scientific research and related activities designed to provide information needed by the Department on issues related to the health care system, environmental health, the health consequences of human behaviour and the health status of selected populations. Ministerial approval of awards is based on recommendations arising from a process of peer review for scientific merit and a relevance assessment conducted by departmental officials.

Persons interested in obtaining information on the NHRDP may write to the National Health Research and Development Program, Health and Welfare Canada, Ottawa, K1A 1B4.

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Également disponible en français.

news release

1985-25
April 22, 1985

13 MILLION TO GET ACCOUNTING FROM CANADA PENSION PLAN

OTTAWA - Health and Welfare Canada has just begun a four-year program of mailing out 13 million statements telling individuals about the status of their Canada Pension Plan contributions.

"We hope this will encourage Canadians to plan adequately for their retirement and for the security of their families," said the Minister, Jake Epp, in making the announcement. "Many people do not think about retirement planning until it is almost too late. Moreover, few Canadians know about the kinds of benefits which are available under the Canada Pension Plan, nor how much they will be receiving."

The personalized information package will tell Canada Pension Plan (CPP) contributors how much they have paid in and what benefit they (or family members) could expect from the Plan if they were eligible now. It will also explain the other potential CPP benefits such as disability pensions, survivors' and children's benefits as well as the lump sum payable at death.

The Canada Pension Plan, based on compulsory contributions made on earnings from employment, is only one part of Canada's retirement income system. Old Age Security pensions provide basic income protection for everyone from age 65. The third element necessary for comfortable retirement is the private arrangements each person should make such as employer-sponsored pensions and individual savings.

Those closest to retirement will receive their statements first. Under the CPP Act contributors may ask for a statement of their account once a year but only few people do so.

Contributors who have questions about their CPP earnings statements should contact the nearest Income Security Programs office before records such as T-4 income tax slips or employer records are lost or destroyed.

- 30 -

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Également disponible en français

Health and Welfare Canada
Santé et Bien-être social Canada
Canada

news release

1986-31

May 26, 1986

THREE-YEAR STUDY OF CANADA'S DEMOGRAPHIC FUTURE ANNOUNCED

OTTAWA - Health and Welfare Minister Jake Epp, today announced a three-year Review of Demography and its Implications for Economic and Social Policy. The Review will report to Cabinet by March 31, 1989, on possible changes in the size, structure and distribution of the population of Canada to 2025, and how they might affect Canada's social and economic life.

Mr. Epp named a senior Health and Welfare official, Dr. E.M. Murphy to be Secretary for the Review of Demography and its Implications for Economic and Social Policy. Dr. Murphy, who is Assistant Deputy Minister, Social Service Programs Branch, Health and Welfare Canada, holds a PhD in demography. He has held faculty appointments at the University of Chicago, the University of the Philippines and the University of Pennsylvania as well as senior appointments in Employment and Immigration Canada and Statistics Canada.

The Review will involve multi-disciplinary research to establish the scientific evidence for relationships between population characteristics, such as changes in rate of growth or geographical distribution, and a range of social and economic variables. The Review secretariat will work closely with the academic community to assess what is known about these relationships. Its findings will serve as part of the foundation for federal policy development for the 1990s and beyond.

- 30 -

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Également disponible en français

Health and Welfare Canada
Santé et Bien-être social Canada

Canada

REVIEW OF DEMOGRAPHY AND ITS IMPLICATIONS FOR ECONOMIC AND SOCIAL POLICY
TERMS OF REFERENCE

PURPOSE:

The multidisciplinary study will restrict itself to a consideration of the empirical evidence for relationships between demographic and other social and economic variables. Its role will be to evaluate, extend and integrate this evidence so as to contribute to the review of specific social and economic issues by the government and the general public. This will involve working closely with the academic community, and respecting the normal canons of the scientific method.

Among the empirical matters that the study of Canada's demographic future will address are the following:

(a) To review and assess population projections for Canada for the next 40 years (1985-2025) and examine the prospect of population decline nationally and regionally within this time horizon;

(b) To examine the impact that Canada's changing age structure will have during the next 40 years on federal policies and programs;

(c) To review and assess the relationship between Canada's projected population growth and economic growth, including the longer-term benefits and costs of immigration to and emigration from Canada;

(d) To examine the impact of immigration to Canada on internal patterns, urban/suburban/rural growth and the Canadian labour market;

(e) To examine the relationship between changes in fertility rates and changes in the family; and

(f) To examine the policy and program response of other countries to changes in the size, structure and distribution of their populations and evaluate these responses to the Canadian situation.

REPORTS:

The study will report as necessary to Cabinet through the Minister of National Health and Welfare.

The study will report by December 31, 1986, summarizing its initial findings, identifying the key research issues it will address over the following two years, and outlining the research and consultation strategy it will follow.

The study will make a final report by March 31, 1989.

PROCESS:

The study will involve four overlapping activities:

(a) Precise definition of the questions to be addressed, based on the professional expertise of academic and government scientists working in the population field, and other relevant views;

(b) Evaluation of the state of scientific knowledge on questions, specification and solicitation of any additional scientific knowledge required, and integration of existing and new knowledge to answer the questions;

(c) Evaluation of the implications of the empirical evidence for departmental programs and policies, to be carried out in consultation with officials of the departments and agencies most concerned; and

(d) Preparation of reports to Cabinet.

STRUCTURE:

The study will be carried out by a small secretariat of officials headed by a Secretary.

The high level of professional expertise required for a successful study will be obtained by having a small committee of scholars provide scientific advice to the secretariat and serve as point of contact with the academic community, by contracting with highly-qualified professionals where necessary to conduct research, and by requiring that research be of the highest professional standard.

Liaison between the secretariat and concerned departments and agencies will be maintained through designated contact persons. Key departments and agencies will be canvassed for research that will complement that from non-governmental professionals.

news release

1987-29

May 26, 1987

REPORT EXAMINES SUICIDE IN CANADA

OTTAWA -- Health and Welfare Minister Jake Epp today released the publication "Suicide in Canada," a report that examines the nature and extent of suicide and related problems, discusses demographic and sociological aspects and identifies Canadian groups at highest risk.

The Report was prepared by Canadian experts on the suicide phenomenon who were members of the National Task Force on Suicide in Canada, established by the Mental Health Division, Health Services and Promotion Branch of the Department.

In 1985 the rate of suicide per 100,000 Canadians was 12.9 down 2.2 from a high of 15.1 in 1983. High risk populations identified in the Report are:

- those suffering from certain mental disorders;
- alcoholics;
- young people;
- the elderly;
- native people;
- persons in custody;
- the bereaved.

...2

The overall prevention and treatment strategy of suicide evolves in three phases, described in the Report.

Prevention is the first measure which includes public education, reduction of availability of lethal means and special education and training for health care professionals and others.

The second strategy is intervention which specifies procedures in managing suicidal crises such as treatment of self-inflicted injuries, psychiatric assessment of the patient and study of other factors precipitating the attempt.

The aim of the third strategy, known as "postvention," is to counsel and support the bereaved and to clarify the events in the victim's life immediately prior to the act, which may supply researchers with valuable information.

The Report also looks at aspects of the Criminal Code, problems associated with commitment for psychiatric care under existing Mental Health Acts and problems concerning confidentiality.

The report is available to professionals and the general public, and may be obtained by writing to:

Publications
Health Services and Promotion Branch
Health and Welfare Canada
Room 501
Jeanne Mance Building
Tunney's Pasture
Ottawa, Ontario
K1A 1B4

or by calling (613) 957-2990

- 30 -

Ref.: Miriam Armstrong

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Également disponible en français

news release

1987-72
November 26, 1987

REPORT RECOMMENDS SHARING OF CPP CREDITS

OTTAWA - The Canada Pension Plan Advisory Board recommends that pension credits be shared equally each year between husband and wife in order to provide retirement income for homemakers.

In a report tabled today in the House of Commons by Health and Welfare Minister Jake Epp, the CPP Advisory Board expressed support for the federal government's commitment to find a way of providing a pension for homemakers through the Canada Pension Plan.

The CPP Advisory Board, which reports directly to the Minister of Health and Welfare, is a statutory body whose members are private citizens appointed to represent employees, employers, self-employed persons and the public.

A previous majority report of the Board prepared in 1983 proposed homemakers contribute to the Canada Pension Plan based on an arbitrary value assigned to the work they do. However the report released today, "Building Benefits for Homemakers", found this would be "completely inconsistent" with the earnings-benefit link on which the Plan is based.

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"We feel that credits should be split, annually as earned, between two spouses," the Report says. Such mandatory as-you-go credit splitting would automatically share the benefits equally with the spouse earning less, including a homemaker, as a matter of right.

The Canada Pension Plan and its sister Quebec Pension Plan already allow for the division of unadjusted pensionable earnings in the event of marriage break-down.

- 30 -

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Également disponible en français

news release

1987-82
December 17, 1987

INCREASES ANNOUNCED IN CANADA PENSION PLAN BENEFITS

OTTAWA - Health and Welfare Minister Jake Epp today announced that over two million Canada Pension Plan recipients will have their benefits increased effective January 1, 1988. The annual adjustment, which this year is 4.4 per cent, is based on the rise in the cost of living over the past year, as measured by the Consumer Price Index.

The Minister also announced increases for persons who become eligible for Canada Pension Plan benefits in 1988. Here, too, rates are increased each year to keep the benefits in line with general increases in salaries and wages.

For those who become eligible for benefits in 1988 the maximum monthly retirement pension at age 65 will be $543.06. A contributor can now begin receiving a retirement pension as early as age 60 and as late as age 70. The amount will be reduced for pensions beginning before age 65 and will be increased for those beginning after age 65.

The maximum amount for a person becoming eligible for a disability pension in 1988 will be $660.94 per month while benefits for disabled contributors' children and orphans of deceased contributors will be $98.96 per month per child. Maximum benefits paid on behalf of contributors who die in 1988 will be $302.61 for surviving spouses under age 65 and $325.84 for surviving spouses aged 65 and over. Survivor benefits are no longer discontinued on remarriage and those whose benefits were discontinued on remarriage can apply to have their benefits re-instated.

There is also a lump sum death benefit payable under the Canada Pension Plan; the maximum payable in respect of contributors who die in 1988 will be $2,650.00

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Canada Pension Plan benefits are based on a person's actual earnings and contributions for the period during which that person could have contributed to the Plan. There are yearly minimum and maximum earnings levels between which persons contribute. For 1988 these levels are $2,600.00 and $26,500 respectively. The maximum contributions are $478.00 for employees during 1988.

The Minister issued a reminder to all applicants for Canada Pension Plan benefits to submit their applications as soon as they believe that they are eligible.

- 30 -

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Également disponible en français